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8:30 a.m. – 5:00 p.m. ET

FILE ONE ORIGINAL
(Two if you want a filed stamped copy returned to you)
FEE: No Fee to File

STATEMENT OF AGENT OF PROCESS FOR DEBT COLLECTOR

Control #_____

****** The undersigned adopt the following Statement of Agent of Process for Debt Collector ******
according to West Virginia Code §46A-2-128.

1. The **name of the Debt Collector** shall be: _____

2. The name and address of the **person or company (agent) to whom notice of process may be sent** is:

   Name: _____

   Street/Box: _____

   City/State/Zip: _____

3. **Contact name and number** of person to reach in case of problem with filing: (Optional, however, listing one may help to avoid a return or rejection of filing if there appears to be a problem with the document.)

   Name: _____ Phone: _____

   Business e-mail address, if any: _____

4. **Acknowledgement and Signatures*** (This statement must be signed and acknowledged by a person authorized to manage the affairs of the Debt Collector. The statement must also be signed by the person appointed as agent in item #2 above, who thereby accepts the appointment.):

   Signature of Applicant (authorized to act on behalf of the Debt Collector): _____

   Signature of Appointed Agent: _____

Important Note: This form is a public document. Please **do NOT provide any personal identifiable information on this form** such as social security numbers, bank account numbers, credit card numbers, tax identification or driver's license numbers.

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