

This BloomPayment Third Party Communication Authorization Agreement ("Third Party Authorization") applies to all Communications for those products, services and accounts offered by BloomPayment or accessible through BloomPayment online service ("Online Service") or a mobile application used to access the Online Service. We need your consent to communicate with those Third Parties you designate.

Account Number:		
Print name of Third Party		Relationship
Restrictions on disclosure, if applicable		
Print name of the individual giving this authorization	Date of birth	Signature & date

1. Definitions

"Company", "we, "us," "our" and "BloomPayment" means BloomPayment, and each and every current and future affiliate of BloomPayment, and any person, company, bank or financial institution that is an assignee of Company's rights.

"Third Party" means anyone other than the BloomPayment Account Holder, which could include a spouse, parent, child, social worker, insurance company, attorney, family member, friend, or any other person you designate as being involved in your treatment or in the payment of your account.

"You" and "your" means the person giving this consent, the person who is requesting a BloomPayment account or has a BloomPayment account, authorized signer, authorized representative, or delegate.

The words "include" and "including," when used at the beginning of a list of one or more items, indicates that the list contains examples – the list is not exclusive or exhaustive, and the items in the list are only illustrations. They are not the only possible items that could appear in the list.

2. Consumer Consent

By supplying or acknowledging the name of a Third Party, you provide BloomPayment authorization to disclose without restriction all past, present, and future account information, transaction details, and related health records with such party. You have the option to restrict the disclosure of certain information, such as mental health records, communicable disease diagnoses, alcohol/drug abuse treatments, specific dates of service, or other information. Furthermore, you have the option to restrict the time frame of which this information may be disclosed. However, placing restrictions on such information may limit the form and manner in which this information is disclosed with the Third Party. To place such restrictions on disclosures with a Third Party, please fill out the printed version of this form for each and submit it to BloomPayment.

3. Withdrawing Consent

You have the right to withdraw your consent at any time through reasonable means. To withdraw your consent, you must 1) submit your request through the customer service form through your Online Account, or 2) Contact BloomPayment to submit your request.

4. Contact BloomPayment

BloomPayment's Customer Care (877) 488-2880 9AM-4PM CST Monday through Friday excluding holidays, by mail to BloomPayment, PO Box 3136, Burnsville, MN 55337, or email to support@bloompayment.com. Please allow two (2) business days for BloomPayment to have a reasonable opportunity to act upon any request. To expedite your request, please contact a customer service representative at (877) 488-2880 9AM-4PM CST Monday through Friday excluding holidays.