



10485 Heley Street
Spring Hill, FL 34608
352-247-2256
Untilallthepiecesfit25@gmail.com

Consent for Electronic Communication

Client Full Name: _____

I authorize *Until All the Pieces Fit, LLC* to send electronic payment invoices/documentation to the email address and/or phone number listed below:

Client Email: _____

Client Phone: _____

I also authorize *Until All the Pieces Fit, LLC* to communicate with me using the following methods (please initial each that applies):

- **Email:** _____
- **Text Message:** _____
- **Phone Call:** _____

We **may / may not** leave a voicemail message. (Please circle one)

Date: _____

Signature: _____