

Third Party Authorization Form

NOTE: This page must be completed if you are giving your loan servicer permission to talk about your loan or line of credit with anyone other than the person(s) listed on the note.

- This third-party authorization allows you, the borrower(s), to authorize the third party designated below to discuss, assist with, or if applicable, negotiate a workout arrangement regarding your loan or line of credit. This includes retention/liquidation options.
- Without this properly executed permission, we will only release information to those persons who appear on the actual Note.
- It is your responsibility to designate the person(s)/companies that have your permission and the timeframe or specific circumstances involved.
- The information contained in this document will be entered in our processing system and the document will be retained with the file and imaged. We recommend you keep a copy for your records.
- Please note that those persons receiving authorization to speak with our representatives can only receive information and are not permitted to make changes to the account.

Authorization to Release Information:

I/We hereby authorize my loan servicer to release to those persons/companies shown below all information they may require for the purpose of discussing my loan, credit, retention option, transfer, sale and/or foreclosure of the property, including public and non-public information about my finances and my loan or line of credit.

_____ Loan Number	_____ Property Address	_____ City, State, Zip Code
_____ Borrower Print Name	_____ Borrower Signature	_____ Date
_____ Co-Borrower Print Name	_____ Co-Borrower Signature	_____ Date

Permission is granted to: (check the appropriate box and list company and/or individual's name and contact information below)

- | | | |
|--|--|---|
| <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Housing Counseling Agency | <input type="checkbox"/> Realtor/Realty Company |
| <input type="checkbox"/> Attorney's Office | <input type="checkbox"/> Third Party Negotiator | <input type="checkbox"/> Other: _____ |

_____ Company Name	_____ Individual Name(s)	
_____ Mailing Address	_____ Email Address	_____ Phone Number
If applicable:	_____ State License #/Issuing State	_____ HUD HCS#

Timeframe permission granted:

- ☐ Life of Loan or ☐ For the specific time of: (MM/YYYY to MM/YYYY) _____

Important: If you do not designate a specific time frame above, the authorization will automatically expire one year from the date signed.