

Third Party Authorization Form

NOTE: This page must be completed if you are giving First Savings Bank permission to talk about your mortgage 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 mortgage loan with First Savings Bank. This includes retention/liquidation options.
- Without this properly executed permission, First Savings Bank will only release information to those persons who appear on the actual mortgage note.
- It is your responsibility to designate the person(s)/companies that have your permission and the timeframe or specific circumstances involved.
- Information contained in this document will be entered in the First Savings Bank mortgage 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 First Savings Bank representatives can only receive information and are not permitted to make changes to the account.

Authorization to Release Information:

I/We hereby authorize First Savings Bank 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 mortgage.

_____	_____	_____
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)

- Spouse/Partner Housing Counseling Agency Realtor/Realty Company
 Attorney's Office Third Party Negotiator 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.