

THIRD PARTY AUTHORIZATION FORM

Account Holder

Date:	Account Number:	<input type="checkbox"/> New Authorization	
		<input type="checkbox"/> Cancel Existing Authorization	
Customer Name:	Last 4 digits of SSN:	Phone Number:	
Mailing Address:	City:	State:	Zip:

Authorization

I/We hereby authorize _____ (third-party personal information included below) to access information regarding my/our account. (Limited as stated below.)	
Reason Needed:	
Authorization shall remain valid between _____ (start date) and _____ (end date).	
Borrower's Signature: <i>(All Borrowers must sign.)</i>	Date:
Co-Borrower's Signature:	Date:

Before signing this Third-Party Authorization, beware of foreclosure rescue scams!

- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

Third-Party Information

Name:	Last 4 digits of SSN or Tax ID Number:	Phone Number:
Address:	City:	State: Zip:
Third-Party Signature:	Date:	

Disclosure Statement

This authorization allows limited information access to your account for the third party listed. This authorization does not provide third parties with authorization to advance any available credit or make financial decisions regarding this account. The third parties may be asked to provide personal information to verify the identity if a call is made to request specific information about your account. ServiSolutions may refuse to disclose any information to a third party who cannot verify his or her secure information.

This form must be signed by the Borrower and Co-Borrower, if applicable, using an original "wet" signature. Electronic signatures are not acceptable.

Return completed form: ServiSolutions
P.O. Box 242967
Montgomery, AL 36124-2967
Collections Fax: 334.244.9214
Loss Mit/Customer Service Fax: 334.271.3104