| | AUTHORIZAT | NIZATION OF REALTORS [®] ION TO RELEASE INFORM quired per loan) | |
|----------------------------------|--------------------|--|---------------|
| LENDER: | | LOAN #: | |
| | | | |
| PROPERTY: | | | |
| SELLERS/BORKOWER'S PRIN | TED NAME: | | |
| SELLERS/BORROWER S FRIM | 1 ED NAME | | |
| Borrower(s) authorizes lender | and its representa | tives to discuss and disclose con | fidential acc |
| | - | tus and any related financial informat | |
| e e | 00 | t not limited to loan balance and pay | • |
| 1 0 1 | | enses, with and to the following name | |
| - | | - | |
| Designated Agent: | | | |
| Phone: |] | E-mail Address: | |
| Fax: | | | |
| | | | |
| Seller's Attorney: | | | |
| Phone: | | E-mail Address: | |
| Other Arthonized Individuals. | | | |
| Other Authorized Individuals: | | Phono: | |
| Name: E-mail Address: | | Phone: | |
| E-man Address. | | | |
| Name: | 1 | Phone: | |
| E-mail Address: | | | |
| | | | |
| Aut | horization expires | <u>one year from execution.</u> | |
| | | | |
| Borrower Signature | Date | Co-Borrower Signature | Date |
| | | | r |
| Last 4 Digits of Borrower SSN: _ | | Last 4 Digits of Borrower SSN | |
| Phone | | Fax | |
| Cell Phone | | E-Mail Address | |