

3560 PENTAGON BLVD SUITE 301 BEAVERCREEK, OH 45431

THIRD PARTY AUTHORIZATION REQUEST FORM

Name:		Loan Number:	
Property Address:			
City and State:		Zip Code:	
authorize myCUmortgage	e, it's associates, agents	d by myCUmortgage, LLC (myCUmort and/or assigns the right to discuss the me individuals (hereinafter, "Designa	ne above
real estate agent, loan of	ficer, attorney, spouse, n we also require that the	re representing you next to their nam loss mitigation adviser, etc. If the au hey submit a separate letter of repre sent you.	thorized party is
Name	Phone No.	Relationship to Borrower	Last 4 of SSN
Name	Phone No.	Relationship to Borrower	Last 4 of SSN
that I/we have identified be fully responsible for Designated Agent(s). The	ed above as my/our D reviewing any inform his authorization will I	scuss my/our mortgage loan with esignated Agent(s). I/We understanation that is sent by myCUmortgaremain effective until I/we specification in writing that this authorization is	and that I/we wil age to my/our cally notify
Borrower Signature	Date	Borrower Signature	Date
Borrower Signature	Date	Borrower Signature	Date
Borrower Signature	 Date	Borrower Signature	Date