

## THIRD PARTY AUTHORIZATION REQUEST FORM

Please Complete:		
Date:		Mortgage Number:
Property Address:		
City and State:		Zip Code:
authorize myCUmortgage	, its associates, agents	by myCUmortgage, LLC (myCUmortgage) and hereby and/or assigns the right to discuss the above referenced uals (hereinafter, "Designated Agents").
real estate agent, loan off	icer, attorney, spouse, we also require that the	e representing you next to their names, for examples: loss mitigation adviser, etc. If the authorized party is ney submit a separate letter of representation to our ent you.
Designated Agent(s):		
Name	Phone No.	Relationship to Borrower
Name	Phone No.	Relationship to Borrower
have identified above as r responsible for reviewing Agent(s). This authorizati	ny/our Designated Age any information that is on will remain effective	s my/our mortgage loan with the individual(s) that I/we nt(s). I/We understand that I/we will be fully sent by myCUmortgage to my/our Designated until I/we specifically notify myCUmortgage's Member n is of no further force and effect.
Borrower Signature	Date	Borrower Signature Date
Borrower Signature	 Date	Borrower Signature Date