

## THIRD PARTY AUTHORIZATION

I authorize the below Contractor or Company to have access to claim information regarding:

Mortgage Company: \_\_\_\_\_

Loan Number: \_\_\_\_\_

The above Mortgage Company may release information pertaining to my loss draft claim. The authorized third party will be privy to the following:

\_\_\_ Information regarding inspections, including ordering inspections

\_\_\_ Information regarding checks issued and/or the status of checks

\_\_\_ Information regarding documents required for endorsement

\_\_\_ Information regarding escrow balances, draws and draw amounts

\_\_\_ Permission to mail documents and/or claim checks elsewhere

Name of Authorized Contractor or Company: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Authorized Contractor (signature): \_\_\_\_\_

Authorization Form approved by: (form is valid if signed by one or both mortgagors)

Mortgagor (print): \_\_\_\_\_

Mortgagor (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Co-Mortgagor (print): \_\_\_\_\_

Co-Mortgagor (signature): \_\_\_\_\_ Date: \_\_\_\_\_

This authorization will remain in effect until one or all of the following have occurred: all funds have been dispersed, all claim checks have been endorsed, final inspections have returned at 100%, or the above named Mortgage Company deems this claim to be complete.