

# Midland Mortgage

*A Division of MidFirst Bank*

## Loss Draft Authorization Form

I authorize Midland Mortgage (Midland) to allow limited access to the account listed below to the person identified below ("Authorized Party") in matters pertaining to my insurance claim funds (Loss Draft). This authorization includes, but is not limited to, authority to:

1. Release information about my loss draft funds, the amount previously disbursed for the loss, and the estimated/actual amount of funds that will be released; and
2. Provide verbal and/or written communication regarding my loss draft, including requests for inspections and status updates.

This authorization is valid as of the signed date and applies to: Loan # \_\_\_\_\_

This authorization is subject to the following conditions:

1. This form will not be accepted if any of the pre-printed words have been altered.
2. A photocopy or facsimile of this Authorization Form shall have the same force and effect as the original.
3. A separate Authorization Form is required for each Authorized Party.
4. To become effective, this Authorization Form must be completed in full, signed, and returned to Midland (Attn: Authorization Dept.) by facsimile to 1-405-858-3000 or by mail to Midland Mortgage, P.O. Box 26648, Oklahoma City, OK 73126-0648.
5. This Authorization Form shall be valid until revoked in writing by one or more of the mortgagor(s) or the above referenced party is paid in full for services in regards to the loss draft. All revocations shall be sent to Midland (Attn: Authorization Dept.) by facsimile to 1-405-858-3000 or by mail to our correspondence address at the bottom of this letter.
6. Revocation of authorization will be effective only upon processing and confirmation by Midland.

NAME OF AUTHORIZED PERSON: \_\_\_\_\_  
(Please Print)

**IMPORTANT NOTICE:** This Authorization Form gives Midland the authority, but not the obligation, to fulfill requests made by the Authorized Party. Midland has the right to refuse any requests at its sole discretion. By signing this Authorization Form, the signatory agrees that Midland has the right to rely on the Authorization Form when communicating with the Authorized Party and that in so relying, Midland is not liable for any damages resulting from its actions based on this Authorization Form. Please maintain a copy of this form for your records.

Authorization Form approved by: \_\_\_\_\_ (Form is valid if signed by one or both mortgagors.)

\_\_\_\_\_  
Sign Name Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name Date

\_\_\_\_\_  
Print Name