



3rd Party Authorization Form

Please complete the information below, sign and fax to 972-459-1611.

Today's Date: _____ Loan Number: _____

Borrower(s) Name (Please Print): _____

Property Address: _____

I/We authorize Mr. Cooper to provide the following information regarding the above referenced loan to the Authorized Party listed below:

- Access to discuss all information regarding my loan
- Other (please specify) _____

This authorization is valid for the following:

- Valid 90 days from the date above
- Valid until revoked by the undersigned or when the loan is paid in full

Name of Authorized Party(s) and Company Name (if applicable)- please print clearly:

Relationship of Authorized Party to Borrower: _____

Borrower Signature

Borrower Signature

