
THIRD PARTY AUTHORIZATION FORM

Please fill out the information below:

Date: _____ Loan Number: _____ Property Address: _____

Borrower(s): (1) _____

(2) _____

Dear Mortgagor(s)

Please be advised you will be required to provide the name of the authorized party, an identifier/password for the third party (example: birth date, last four numbers of their social security or password) and sign the acknowledgement form provided.

NOTE: For your protection all identifiers/passwords must be set by the borrower(s) of record; a third party other than the borrower(s) is not permitted to set their own password.

Authorized Party Information

I/We hereby authorize Carrington Mortgage Services, LLC ("CMS") and its successors and assigns, to obtain, share, release and discuss public and non-public personal information contained in or related to my/our mortgage account with the individual(s) identified below as my/our designated agent(s):

Company Name (Please Print): _____

3rd Party Name (Please Print): _____

3rd Party Relationship to Borrower: _____

3rd Party Contact Number: _____

3rd Party Identifier/Password: _____

Authorization Expiration Date (if applicable): _____

I/We hereby release Carrington Mortgage Holdings, LLC., its employees, officers, agents and directors from any claim(s) that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing.

Primary Borrower Name (Please Print)

Primary Borrower Signature

Secondary Borrower Name (If Applicable)

Secondary Borrower Signature

You may fax the completed form to **1-800-486-5134** or mail to the following address:

Carrington Mortgage Services, LLC
Attn: Customer Research Department
P.O. Box 5001
Westfield, IN 46074