



P.O. Box 5001, Westfield, IN 46074  
Phone (800) 561-4567 Fax (800) 486-5134

### 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