



## Borrower Signature Authorization

Please Complete This Form, Sign It,  
Email or Fax to:

**Delta Capital Inc.**

[dwilliams@deltacapitalinc.com](mailto:dwilliams@deltacapitalinc.com)

Fax: 786-504-9415

I hereby authorize Delta Capital Inc. or its assigns to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my mortgage loan application. I further authorize the Delta Capital Inc. to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

The information that Delta Capital Inc. obtains is only to be used in the processing of my application for a mortgage loan.

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**Borrower's Signature**

**Date**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_