

## **BORROWER AUTHORIZATION**

PURPOSE: This Borrower Authorization form wi representative to share information about your	Il allow the LENDER named below or its authorized mortgage with third parties.
LENDER:	<del>-</del>
LOAN#:	<del>-</del>
BORROWER(S):	
PROPERTY ADDRESS:	
	siding at the PROPERTY ADDRESS above, in the County of named LENDER to release, furnish, provide, exchange and
Third Party #1: Community Wheelhouse	Third Party #2: Community Wheelhouse
Contact: Ramon Valeriano, Sr. Vice President	Contact: Ivette Benitez
Address: 3355 Bee Cave Rd, Ste. 301A, ATX 7874	46 Address: 3355 Bee Cave Rd, Ste. 301A, ATX
<b>Phone</b> : 512-900-3683 x115	<b>Phone</b> : 512-900-3683 x 115
Email: ramon@communitywheelhouse.com	Email: info@communitywheelhouse.com
And, I (We) hereby authorize above named LEN information related to the account above to the	DER to release, furnish, provide, exchange and request Authorized Third Party identified above.
	se specify a period of time or the particular transaction for low. If no expiration date or operational transaction is til revoked in writing.
ALL BORROWERS LISTED ON YOUR	MORTGAGE MUST SIGN THIS AUTHORIZATION.
Signed by:	Signed by:
(Signature)	(Signature)
(Printed Name)	(Printed Name)
(Date)	(Date)

PLEASE ATTACH A COPY OF YOUR ESCROW STATEMENT AND RETURN THIS FORM to <a href="mailto:info@communitywheelhouse.com">info@communitywheelhouse.com</a> or FAX to (512) 861-8698.

