

THIRD PARTY AUTHORIZATION FORM

	Date:	
Fay Servicing Loan Number:		
Property Address:		
City/State/Zip:		
I authorize Fay Servicing to releas identified below.	e information related to my mortgage loan to the Third Part	y
Name of Authorized Third Party	Third Party Phone Number	
Authorized Company Name/Law Firm (If applicable)	Third Party Email Address	
Authorized Company/Law Firm Stree	t Address, City, State, Zip Code	
Borrower Signature		
Borrower (print)		

*This document will remain in effect unless and until it is cancelled in writing by the Authorized Third Party or by me/us in a writing that is received by Fay Servicing.