

BORROWER AUTHORIZATION FORM

Borrower(s) Name(s): _____

Property Address: _____

Loan Number: _____

Servicer: _____

I/We hereby authorize Aldridge Pite, LLP and/or Clear Recon Corp. to release, furnish, and provide any information relating to the above reference loan to:

Third Party Name(s): _____ (“Third Party”)

Third Party Address: _____

Phone Number: _____ Email Address: _____

This authorization is valid for a period of sixty (60) days from the date listed below. This authorization may be revoked, in writing, by the Borrower(s) at any time.

Signed by:

Signature

Signature

Printed Name

Printed Name

Date

Date

Please send completed Borrower Authorization Form by e-mail to:
CustomerServiceDivision@aldridgepite.com, by fax to: (844) 470-8804 or by regular mail to:
3575 Piedmont Road, N.E., Suite 500, Atlanta, GA 30305 Attn: Customer Service