



Mortgage Third Party Authorization Form

Truist Mortgage Account/Loan Number: _____

Property Address: _____

City _____ State _____ Zip Code _____

Borrower Name: _____ Co-Borrower Name: _____

I/We, _____ ("Borrower" and "Co-Borrower", if applicable) hereby authorize Truist Bank to provide and/or perform the following services to the third party indicated below.

Full Name of Authorized Third Party(s): _____

Relationship to Borrower: _____

Date Requested: _____

Check Access Level which applies:

_____ **Provide Verbal Information ONLY**

_____ **Provide Documents:** I/We understand that information released, discussed, or provided by Truist Bank may include, but may not be limited to, information relating to my/our account balance, loan amount, payment transaction history, and/or the provision of copies of my account/loan documents, which may contain non-public information relating to me and/or the Co-Borrower.

_____ **Act on my behalf:** I/We, hereby authorize Truist Bank to accept any and all direction regarding my/our Mortgage Account/Loan from the third party indicated above as valid direction from me/us, and to release, discuss, and otherwise provide any and all information about my/our Mortgage Account/Loan to the third party indicated above. This maintenance may include, but may not be limited to, phone number, mailing address updates, escrow analysis, and setting up automatic drafts.

_____ **Act on my behalf for a Specific Transaction (List Transaction)**

_____ I/We hereby indemnify and hold Truist harmless for any and all actions and causes of actions, suits, claims, attorney's fees, or demands against Truist, which I/we and/or my/our heirs may have resulting from Truist releasing/discussing, or declining to release/discuss, information and/or documents about my/our Account/Loan with the above-named Third Party(s) or person identifying himself/herself to be the Third Party(s).

Borrower Signature

Print Name

Date

Co-Borrower Signature

Print Name

Date

I/We acknowledge that this authorization will remain valid until revoked. Should I and/or Co-Borrower (if applicable) wish to terminate this authorization, I (or Co-Borrower) must submit the request in writing to the address below.

Please return the **completed and hand-signed** Third Party Authorization to the address below, email to MTGServicingTPA@Truist.com, or fax it to 866.464.0303.

Truist Bank
P.O. Box 26149
Mailcode: 306-40-04-80
Richmond, VA 23260

Please allow up to 5 business days from Truist's receipt for authorization form to be processed.