



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.