



THIRD PARTY AUTHORIZATION FORM

Please complete this form in its entirety. To protect the privacy of our customers, Village Capital requires written consent from the borrower to discuss any non-public information regarding any existing or prior serviced loan.

Loan Number: _____
Borrower Name: _____
Co-Borrower: _____

Primary Phone: _____
Email Address: _____
Property Address: _____

Mailing Address: _____

Authorized Party or Organization: _____
Relationship: Relative Realtor Counseling Agency Attorney Other

Authorized Party Address: _____
Authorized Party Phone Number: _____ Fax Number: _____
Authorized Party E-Mail Address: _____

If the Authorized Party listed on this form is the result of a Power of Attorney, Order of Guardianship, Executor or Administrator of an Estate, documents evidencing this must be attached to this form when submitted.

I hereby authorize the above-referenced individual(s) to obtain information regarding my mortgage loan identified above. Village Capital will take reasonable steps to verify the identity of the Authorized Party, including request of additional identifying information, but will have no responsibility or liability to verify the true identity of the Authorized Party.

This authorization should remain effective until (mm/dd/yyyy) _____, unless otherwise revoked in writing. If an effective date is not provided, authorization will remain for the life of the loan.

Signature(s): _____ Last four digits of SSN: _____
Borrower

_____ Last four digits of SSN: _____
Co-Borrower



I, _____ hereby accept my appointment as the Authorized Party by the above Borrower(s), and in that capacity agree to be bound by all the terms and conditions that govern the account.

Authorized Party Signature: _____

Send the completed form to:

Village Capital and Investment LLC
P.O. Box 531667
Henderson, NV 89053

FAX: 702-670-4024