



# THIRD PARTY AUTHORIZATION FORM

Please complete this form in its entirety. To protect the privacy of our customers, 7 Servicing requires written consent from the borrower to discuss any non-public information regarding existing or prior serviced loans.

## STEP 1: Your Contact Information

\_\_\_\_\_  
Loan Number

\_\_\_\_\_  
Borrower Name

\_\_\_\_\_  
Co-Borrower Name

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Property Address Street / City / State / zip

\_\_\_\_\_  
Mailing Address Street / City / State / zip

## STEP 2: The Authorized Third Party's Contact Information

\_\_\_\_\_  
Authorized Party or Organization

In the section below, please choose the type of relationship you have with the Authorized Third Party.

**Personal or Legal Relationship:**     Spouse/Relative     Attorney     Other (describe above)

**Business or Contract Relationship:**     Realtor/Title Company     Counseling Agency     Contractor

\_\_\_\_\_  
Authorized Party Address Street / City / State / zip

\_\_\_\_\_  
Authorized Party Phone Number

\_\_\_\_\_  
ATP Password

## STEP 3: Length of Authorization

**Effective until (MM/DD/YYYY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

- The authorization will remain for the timeframe selected unless revoked in writing. If an expiration date is not provided, then the authorization may remain until the maturity date of the loan.
- For personal or legal relationships: the authorization may last for the life of the loan and the authorized party may be able to make changes to the account.
- For business or contract relationships: the authorization will not exceed ninety (90) days, but can be less if the expiration date provided is less than 90 days from the date we receive the form. The authorized party will not have access to make changes to the account. If you are authorizing a contractor for the purpose of an insurance claim, authorization may be extended until completion of the claim.

**STEP 4: Your Signature**

I hereby authorize the above-referenced individual(s) to obtain information regarding and/or make changes to my mortgage loan identified above. 7 Servicing 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.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Last four digits of Social Security Number

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Last four digits of Social Security Number

**STEP 5: Returning the form**

Please return the completed form to 7 Servicing via the following options:

**Email:** 7servicing@7.coop

**Mailing Address:** 7 Servicing  
2077 Town Center Blvd, Suite 304  
Knoxville, TN 37922

**Fax:** 865.813.0112