## **BORROWER AUTHORIZATION FORM**

| Borrower(s) Name(s):    |   |   |
|-------------------------|---|---|
| Property Address:       |   |   |
| Loan Number:            |   |   |
| Servicer:               |   |   |
| provide any information | elating to the above referen                          |   |
|                         |   |   |
| Third Party Address:    |   |   |
| Phone Number:           | Email Address:  |   |
|                         | id for a period of sixty (ked, in writing, by the Bor | 60) days from the date listed below. This rower(s) at any time. |
| Signed by:              |   |   |
| Signature               |   | Signature   |
| Printed Name            | <u> </u>  | Printed Name  |
| Date                    | <del></del>   | Date  |

Please send completed Borrower Authorization Form by e-mail to: <a href="mailto:RIPO@clearreconcorp.com">RIPO@clearreconcorp.com</a>, by fax to: (866) 931-8804 or by regular mail to: 4375 Jutland Drive, San Diego, CA 92117 Attn: Customer Service-RIPO