

**THIRD PARTY AUTHORIZATION RELEASE FORM**

**BC FINANCIAL GROUP**

**P.O. BOX 370183 MONTARA, CA 94037 650.740.3553 FIN: 03-0405772**

Date: \_\_\_\_\_

**Borrower(s) Contact Information:**

Borrower: \_\_\_\_\_ Co-Borrower: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

**Lender/Loan Information:**

Loan Number: \_\_\_\_\_ Name of Lender: \_\_\_\_\_

Lender Contact Number: \_\_\_\_\_

To whom it may concern:

I/We hereby authorize BC Financial Group (Frank Welch/Kimberly Smith/Sally Gustavson) to act as my/our representatives in negotiations and correspondence with my/our mortgage company/servicer listed above. This will include, but is not limited to: all payment records, loan documents, disclosures, records, life of loan history, letters of explanation, foreclosure, short sale and any other asset balances to help process a loan workout/modification/mortgage. It is understood that a copy of this form will also serve as authorization. This authorization may be duplicated and/or sent via facsimile transmission. This authorization is a continuation authorization for said persons to receive information regarding my/our loan, including any duplicates of any notices sent to me/us regarding this loan. The information that BC Financial Group obtains is only to be used in the processing of my loan workout/modification/mortgage and shall be in effect for one year from the start date of this request.

**By signing below, I/We hereby authorize \_\_\_\_\_ to discuss the above mentioned information on the referenced loan with the representatives designated for BC Financial Group.**

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number