



Third Party Authorization Form

Please complete the information below, sign and return.

Fax: 636-536-9890

Email: servicing@fbhl.com

Mail: Flat Branch Mortgage, Inc.
PO Box 843084
Kansas City, MO 64184-3084

Date of Request: _____ Loan Number: _____

Borrower(s) Name: _____

Property Address: _____

I/We authorize Flat Branch Home Loans to provide the following information regarding the above-referenced loan to the Authorized Party listed below:

- Access to discuss all information regarding my loan
- Other (please specify)

This Authorization is valid for the following:

- Valid for 90 days from the date above
- Valid until revoked by the undersigned or when the loan is paid in full

Name of the Authorized Party(s) and Company Name (if applicable)- please print clearly:

Relationship of Authorized Party to Borrower: _____

Borrower Signature

Co-Borrower Signature

