

8350 Bee Ridge Road, Suite 308 Sarasota, FL 34241 800-217-3880 Fax: 941-926-7744

## THIRD PARTY AUTHORIZATION FORM

	THIRD PARTY AU	HORIZATION FORM		
Asset Management	t Holdings, LLC_			
Mortgage Servicer Name		Account Number		
Borrower(s) Name(s)		Property Address		
authorize the above l		y) (individually and collectively, "B essors and assigns (individually and		
Name of Entity, Agency, Firm		Name(s) of Authorized Person(s)		
Phone Number		Email Address		
Servicer and Third P and my mortgage, in copies of any docum income, debts, and o take reasonable steps	Party to share with each other p cluding, but not limited to: (i) tents relating to my mortgage; ther information relating to obe to verify the identity of a Thi limit Party. The Servicer also	ef, on my mortgage(s) with Servicer ublic and non-public information ab the loan number, terms, status, payn and (ii) my social security number, cataining and servicing my mortgage. The Party, but has no responsibility or has no responsibility or liability for the servicing my mortgage.	out my finances nent history, and credit score, The Servicer will liability to verify	
		d by Borrower and Co-Borrower (if cation signed by Borrower or Co-Bo		
I UNDERSTAND A AUTHORIZATION		ERMS OF THIS THIRD PARTY		
Borrower		Co-Borrower		
Signature	Date	Signature	Date	
Printed Name		Printed Name	Printed Name	