



**Capital Lenders Group Corp.**

AUTHORIZATION FORM

**Borrower** \_\_\_\_\_ **Last 4 numbers of social** \_\_\_\_\_

**Co-Borrower** \_\_\_\_\_ **Last 4 numbers of social** \_\_\_\_\_

**Property Address** \_\_\_\_\_

\_\_\_\_\_ **Zip code** \_\_\_\_\_

**Telephone Numbers** \_\_\_\_\_

**Lender** \_\_\_\_\_

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

**Servicer** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Capital Lenders Group Representative** \_\_\_\_\_

I authorize Capital Lenders Group Corp. and it's representatives to speak on my behalf regarding my loan with my lender and with whoever has servicing responsibilities for my loan.

I also authorize the lender and/or servicer handling my loan to discuss my loan with Capital Lenders Group Corp.

I authorize Capital Lenders Group Corp. to pull credit reports to evaluate my credit for loss mitigation purposes

I authorize the lender and/or servicer to notify Capital Lenders Group Corp. in the event that my loan payments become delinquent in the future, if the lender or servicer chooses to provide this service

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**