AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern: I/We hereby fully authorize you to provide ______ representatives and its associating entities, any and all documents that they request. Such information includes but is not limited to: any discussion of my loan, loan balance(s), payoff(s), any credit transaction, reinstatement, loan transfer, or loan inquiry. 2. A copy of this authorization form may be accepted as an original. This document may be reproduced to acquire references from more than one source. 3. I/We, also, do hereby release at representatives and its associating entities from any and all liability that may result from the release of this information. I/We further agree to hold harmless representatives and associating entities from any and all damages for liability therefore which may result from the release of said information. 4. This authorization should remain effective for the life of the loan unless otherwise revoked in writing. My Property Address My Contact Phone Number My Lender Lender Contact Lender Contact Phone and/or Fax My Loan Number Primary Borrower (Signature) (Social Security Number) (Printed Name) (Date) Co-Borrower (Signature) (Social Security Number)

Harold Waters, Jr. | CELL: (706) 372-6128 | FAX: (678) 284-2500 | EMAIL: help@safeharborsolutionsga.com

(Date)

(Printed Name)