



Third Party Authorization

Reverse Mortgage Servicing Department

P.O. Box 40724

Lansing, MI 48901

Phone (866) 654-0020

Fax (866) 616-2160

www.reversedepartment.com

Instructions

If viewing this form online, save to your computer and complete the form. Print out and sign. Return to one of the following contact points listed below. If you have questions, please call 866-654-0020.

By computer

Scan to an image or PDF file and upload to www.reversedepartment.com or email to BC@reversedepartment.com

By fax

Fax to (866)-616-2160

By mail

Reverse Mortgage Servicing Department
P.O. Box 40724
Lansing, MI 48901

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With regard to my/our reverse mortgage, I/we give permission to release information on our account to the individual(s) below:

ACCOUNT NUMBER: _____

Name _____

Address _____

Phone _____

Relationship: _____

Name _____

Address _____

Phone _____

Relationship: _____

Cell Phone & Email Consent

By providing my/our telephone phone number(s) and/or email address(es) below, I/we consent to be contacted via email, text message, voice call, or through an automated dialing system, or pre-recorded voice message by the Servicer or its authorized third party for informational and account service calls related to my/our account, but not for telemarketing or sales calls, at any telephone number, including my/our mobile telephone number, or email addresses(es) that I/we have provided. Message and data rates may apply. I/we understand that we may contact the Servicer at any time to change these preferences.

Borrower Cell Phone		Borrower Email Address	
Co-Borrower Cell Phone		Co-Borrower Email Address	

Borrower Signature

Date

Co-Borrower Signature

Date