

Authorization to release information

Please complete and return this form

Borrower name(s)

Property address

Loan number

Third party name

Mailing address

Phone number
 () -

Email address

Relationship of third party (i.e., attorney, real estate agent, etc.)

Expiration date for this authorization

Note: If no expiration date is provided, this authorization will remain in place for the life of the loan; however, if you are granting authorization to a real estate agent, the authorization will expire one year after the date it is granted.

Please indicate which privileges you wish to grant to the third party named above (check all that apply):

Receive information about my loan. Update existing insurance information or provide replacement coverage information.

Update existing tax information.

Please submit this form to us in one of the following ways:

Mail: Wells Fargo Home Mortgage
 MAC X9999-01N
 PO Box 1629
 Minneapolis, MN 55440-9790

Fax: 1-866-359-7363

IMPORTANT NOTES:

- Updates to taxes and/or insurance may result in an immediate change to the monthly mortgage payments for this loan.
- To allow an authorized third party/parties to make other changes to your loan information, we require a notarized Power of Attorney or Court Order for the authorized party/parties that “grants full authority to make, acknowledge and deliver those changes for you and in your name.”

Authorized signature:

I hereby accept responsibility for all actions taken on my loan by the party named above and agree that if I wish to discontinue the authorization noted on this form, I will notify Wells Fargo in writing or by calling the number listed in the account information section of the accompanying letter.

Borrower's signature (required) Date (MM/DD/YYYY) Last four digits of SSN or TIN

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