

Midland Mortgage

A Division of MidFirst Bank

Authorization Form

I authorize Midland Mortgage (Midland) to allow full access to the account listed below to the person identified below ("Authorized Party"). This authorization includes, but is not limited to, authority to:

1. Release information about my mortgage loan account, including non-public personal information as requested by the Authorized Party;
2. Provide verbal and/or written communication regarding my account, including payment information and loan status information; and
3. Provide information requested by the Authorized Party that may result in fees being charged to my account.

This authorization is valid as of _____ and applies to: Loan # _____
(date)

This authorization is subject to the following conditions:

1. This form will not be accepted if any of the pre-printed words have been altered.
2. A photocopy or facsimile of this Authorization Form shall have the same force and effect as the original.
3. A separate Authorization Form is required for each Authorized Party.
4. To become effective, this Authorization Form must be completed in full, signed, and returned to Midland (Attn: Authorization Dept.) by facsimile to 1-405-858-3000 or by mail to Midland Mortgage, P.O. Box 26648, Oklahoma City, OK 73126-0648.
5. This Authorization Form shall be valid until revoked in writing by one or more of the mortgagor(s). All revocations shall be sent to Midland (Attn: Authorization Dept.) by facsimile to 1-405-858-3000 or by mail to our correspondence address at the bottom of this letter.
6. Revocation of authorization will be effective only upon processing and confirmation by Midland.

NAME OF AUTHORIZED PERSON: _____
(Please Print)

IMPORTANT NOTICE: This Authorization Form gives Midland the authority, but not the obligation, to fulfill requests made by the Authorized Party. Midland has the right to refuse any requests at its sole discretion. By signing this Authorization Form, the signatory agrees that Midland has the right to rely on the Authorization Form when communicating with the Authorized Party and that in so relying, Midland is not liable for any damages resulting from its actions based on this Authorization Form. Please maintain a copy of this form for your records.

Authorization Form approved by: _____ (Form is valid if signed by one or more mortgagors.)

Signatures:

Date

Date

*If your loan was in default at the time MidFirst Bank acquired the servicing of your loan, we are required to advise you that this communication is from a debt collector, this is an attempt to collect a debt and any information obtained from you will be used for that purpose. If your loan has been discharged through bankruptcy or if you are currently in bankruptcy under the protection of an automatic stay, this is not an attempt to collect a debt but is for informational purposes only.

CORRESPONDENCE
P.O. Box 26648, Oklahoma City, OK 73126-0648
Phone 1-800-654-4566 Fax 405-767-5500

www.MyMidlandMortgage.com
Please include your name, loan number, daytime telephone number, and e-mail address on all correspondence.