



Loan Administration
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Third Party Authorization Request Form

In order to release your confidential account information to the individual(s) or company you are authorizing, the below information must be completed and returned to our contact information above. Once received, please allow 24 hours for processing.

Borrower Information:

Name: _____

Account Number: _____

Signature: _____

Authorized Party Information

Name: _____
Address: _____

This authorization will remain on your account. Should you wish to revoke this authorization, please submit your request in writing to our contact information above.