

Loan Number: 

Use this Third Party Authorization form to authorize someone other than yourself to access your Flagstar Bank Mortgage Loan Account information. To authorize full access to your loan account, this form must be notarized (see page 2).

In today's market, loans and the rights to service them are often bought and sold. Servicing transfers may occur at any time. In the event your loan is transferred to a new servicer, the authorization established by this form will no longer be effective. You will need to contact your new servicer to obtain their authorization procedures. Our liability/obligations remain to the customer and the presence of a representative should not create additional direct or derivative liability for the Bank.

Please **PRINT** – for multiple mortgage loan accounts use separate forms.

### Section 1- Your Contact and Mortgage Loan Account Information

First Name	Middle Name	Last Name
Last 4 Digits of Social Security Number		Best Phone Number

### Section 2- Authorized Third Party

Expiration date for authorization: ☐ Loan Maturity or ☐ Input Date: \_\_\_\_\_

(Note: If no date is selected, the authorization will be valid for two years from the date signed below)

Type of Authorization: ☐ Individual ☐ Company

Authorization Description: ☐ Realtor ☐ Attorney

☐ Appraiser ☐ Other: \_\_\_\_\_

Name (Please note: It is not necessary to list individual names for a company authorization)

Address	City	State	Zip
Best Phone Number	Fax	Email	

Select a PIN for the Authorized Individual: (A PIN is not needed for a company)

(continued on back)

Loan Number: **Section 3- Type of Access** Please select one option below (partial or full access):☐ **Partial Access**

- Can obtain loan details information by telephone
- Can discuss payment arrangements with the Collections Department
- Can discuss the Loss Mitigation application process

By signing this form, I authorize Flagstar Bank to provide information regarding the above referenced Mortgage Loan Account by telephone to the Authorized Party or to someone claiming to be the Authorized Party. I understand that this authorization does not allow the Authorized Party to take any action or request any service or documentation on this loan. Flagstar may reject this or any other Third Party Authorization or refuse to recognize any request for information from the Authorized Party. This Third Party Authorization shall remain in effect until I revoke this authorization. I or any other borrower on this loan may revoke this Third Party Authorization at any time in writing via fax or mail.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ **Full Access**

- Can obtain loan details information by telephone
- Can discuss payment arrangements with the Collections Department
- Can discuss the Loss Mitigation application process
- Can submit request to send documents that do not require a fee, such as a Transaction History Ledger, or an Original Appraisal. (can only be mailed to address of record)
- Can submit request to re-send letter/package/document, such as a Monthly Statement, 1098, Escrow Analysis Disclosure, Rate/Payment, Change Notice, Loan Sale Transfer Notice, etc. (can only be mailed to address of record.)
- Can request research to resolve matters

By signing this form, I authorize Flagstar Bank to provide loan information regarding the Mortgage Loan Account referenced on page 1 to the Authorized Party or to someone claiming to be the Authorized Party. I understand that this Third Party Authorization allows only for information to be provided by telephone and the actions described above. Flagstar may reject this or any other Third Party Authorization or refuse to recognize any request for information from the Authorized Party. This Third Party Authorization shall remain in effect until I revoke this authorization. I or any other borrower on this loan may revoke this Third Party Authorization at any time in writing via fax or mail.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notary witness and official seal for Full Access**

(Notary Seal)

\_\_\_\_\_  
Date\_\_\_\_\_  
Notary Signature\_\_\_\_\_  
County\_\_\_\_\_  
My Commission Expires On**IMPORTANT INFORMATION:** Once completed and signed (and notarized, if applicable), please mail or fax to:

Mail: Flagstar Bank | Third Party Authorization | Mail Stop E-115-3 | 5151 Corporate Drive | Troy, MI 48098 Fax: (888) 848-1071