

140 Long Rd, Ste 200 Chesterfield, MO 63005 FBHL.COM Phone: 877.350.0350 Fax: 636.536.9890 NMLS: 224149

Third Party Authorization Form

Please complete the information below, sign and return.

Fax: 636-536-9890

Email: servicing@fbhl.com

Mail: Flat Branch Mortgage, Inc.

PO Box 843084

Kansas City, MO 64184-3084

Date of Request:	Loan Number:
Borrower(s) Name:	
Property Address:	
	ovide the following information regarding the above- below. This authorization is valid until revoked (verbally
Select all that apply:	
Access to obtain payoff or verification of mortgage information ONLY. Access to discuss all information regarding my loan. Ability to unlock or reset the password for my Servicing Digital online account. Other (please specify)	
Other (please specify)	·
Name of the Authorized Party(s) and Compan	y Name (if applicable)- please print clearly:
Relationship of Authorized Party to Borrower:	
Borrower Signature	Co-Borrower Signature

