

AUTHORIZATION TO RELEASE INFORMATION



Account # or Loan #: _____

Lender Name: _____

Lender Phone: _____

Lender Fax: _____

Property Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize you to release any and all information regarding my account for the above address, including loan status, interest rate, payoff amount, amount of monthly payment, late charges, penalties, and fees (if applicable), foreclosure attorney's name and phone number to the following:

CTF Loan Servicing, LLC
141 Danube, Suite 102 San Antonio, TX 78213
Fax (210) 447-9131
Phone (210) 447-9129

Borrower #1: _____ SS#: _____ - _____ - _____

Signature: _____ Date: _____

Borrower #2: _____ SS#: _____ - _____ - _____

Signature: _____ Date: _____

