



Authorization to Release Information

Bank of America
475 CrossPoint Parkway
PO Box 9000
Getzville, NY 14068-9000

Mortgagor Name(s): _____

Property Address: _____

Mortgage Loan No.: _____

I/we authorize Bank of America Mortgage to disclose information regarding the mortgage account referenced above, to the following individual(s):

(NAME) (SSN/TIN) *
(NAME) (SSN/TIN) *

*Social Security/Tax Identification Number is required for verification purposes

I understand that my authorization entitles the individual(s) named above to obtain any account information on my behalf. I also understand that I will be responsible for any servicing fees incurred as a result of inquiries made by the individual(s) named above**.

(Mortgagor Signature) (Date) (SSN)
(Additional Mortgagor) (Date) (SSN)
(Additional Mortgagor) (Date) (SSN)
(Additional Mortgagor) (Date) (SSN)

**For information regarding our servicing fees, please call our Customer Service Department at 1.800.285.6000.

Please note that this authorization will remain effective until a written revocation is received, signed by all mortgagors who have signed above.

A photocopy of this document shall serve as an authorization to provide the information requested.

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