

Mortgage Loan # \_\_\_\_\_

**Authorization to Provide Information**

We, the undersigned (individually and collectively, the "Borrower"), hereby authorize and request Regions Bank dba Regions Mortgage (the "Bank") to share, release, discuss, and otherwise provide to \_\_\_\_\_, and any of his, her or its agents, successors or assigns (collectively, the "Recipient"), any and all public and non-public personal, financial or other information of or relating to the Borrower, or any of them, in the Bank's possession or to which the Bank may have access. Such information may include, but is not limited to: name, address, telephone number, social security number, credit score, income, government monitoring information, loan status, account balances, and payment activity of the Borrower, or any of them. Such information may be provided whether such information is the result of the Bank's experience with the Borrower, or any of them, or is contained in a loan application, in financial statements, in consumer, business or commercial credit reports, in any other third party reports, in verification forms, or wherever and however such information may have been obtained or may be held by the Bank. The Borrower, collectively and individually, agrees that the Bank shall have no obligation or responsibility whatsoever to verify the identity of the Recipient, or any of them, and releases and holds the Bank harmless from any and all claims, responsibility or liability whatsoever related to, in connection with, or arising out of the Bank's release of information under this authorization. Authorization will remain in effect until revoked in writing by one or more borrower(s).

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

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Borrower

Last 5 digits of authorized party's Social Security No. \_\_\_\_\_

Authorization must be executed by all borrowers.

Fax signed form to 601 554 2011 or mail to Regions Mortgage, Attn. Customer Service, P. O. Box 18001, Hattiesburg, MS 39404-8001.