



**Request and Consent to Provide Account Information to
Authorized Party**

Borrower Name: _____
Co-Borrower Name: _____
Property Address: _____
Loan Number: _____

Authorized Party First and Last Name: _____
Authorized Party Company Name: Pennsylvania Department of Banking and Securities
Authorized Party Address: 17 N Second St Ste 1300, Harrisburg PA 17101
Authorized Party Telephone Number: 717/787-1854
Authorized Party Fax Number: 717/787-8773

I hereby authorize the above-referenced individual(s) to obtain information regarding my mortgage loan identified above.

Borrower Signature Date

Co-Borrower Signature Date