314 S Franklin St / Second Floor
PO Box 517
Titusville, PA 16354
Toll Free 888-738-5873
Fax 814-217-1366
www.bsifinancial.com

Borrower Authorization of Third Party

Borrower(s) name(s) _____

Property Address: _____

Mortgage loan account number(s): _____

Third Party Information (all applicable fields must be completed)

Name of Entity, Agency, Firm _____Phone number _____

Name(s) of authorized person(s) _____

Mailing address _____

Office address _____

E-Mail _____Website URL _____

Tax ID# _____State license # (if required) _____Issuing state _____

For non-profit agencies only*
HUD Approved Counseling Agency?

☐ Yes ☐ No

Approval valid until (date) _____

*Attach National Foreclosure Mitigation Counseling form if needed

For attorneys only*
Do you represent the above named Borrower for a workout arrangement with the named Servicer?

☐ Yes ☐ No

Firm name _____

Individual Attorney name(s) _____

_____

All states where licensed _____

**Attorney who represents Borrower must sign below

Licensed as Servis One, Inc. dba BSI Financial Services.
BSI Financial Services NMLS #38078. Customer Care Hours: Mon. - Fri. 08:00 a.m. to 09:00 p.m. (ET), Sat. 09:00 a.m. to 01:00 p.m. (ET). Colorado Office Location: 7200 S. Alton Way, Suite B180, Centennial CO 80112 (303) 309-3839. Licensed as a Debt Collection Agency by the New York City Department of Consumer Affairs, (#2001485-DCA). North Carolina Collection Agency Permit (#105608).
If you have filed a bankruptcy petition and there is an "automatic stay" in effect in your bankruptcy case or you have received a discharge of your personal liability for the obligation identified in this letter, we may not and do not intend to pursue collection of that obligation from you personally. If either of these circumstances apply, this notice is not and should not be construed to be a demand for payment from you personally. Unless the Bankruptcy Court has ordered otherwise, please also note that despite any such bankruptcy filing, whatever rights we hold in the property that secures the obligation remain unimpaired.

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Third Party Acknowledgement

The undersigned, on behalf of the Third Party, represents that: (i) it is in compliance with Regulation O (Mortgage Assistance Relief Services), if applicable, and all other applicable laws and regulations; and (ii) the Third Party information provided above is true and correct. The undersigned acknowledges that a misrepresentation or omission of fact made in connection with a government program such as Making Home Affordable may result in civil/criminal prosecution.

Signature of Third Party _____ Date _____

Printed name _____ Title _____

Borrower Authorization

Third Party you are authorizing (from first page) _____

I (Borrowers listed below) authorize the above named Third Party to discuss, assist with, or, if applicable, negotiate a workout arrangement on my mortgage(s) with my Mortgage Servicer, BSI Financial Services (its affiliates, agents, employees, and successors). A workout arrangement could include a modification or other relief.

I authorize my Mortgage Servicer, and Third Party and Treasury (and its agents) to share with each other public and non-public information about my finances and my mortgage for the purpose of assisting me in obtaining a workout arrangement, including but not limited to: (i) my mortgage payment history, terms of my mortgage; and (ii) my social security number, credit score, income, debts and other information related to obtaining and servicing my mortgage.

I understand that my Mortgage Servicer may contact me directly except in limited situations, such as when I am represented by an attorney, and the Servicer and I must agree to any workout arrangement. I may still contact my Mortgage Servicer at any time.

I understand that this Third Party Authorization Form may not be accepted by my Mortgage Servicer and my Mortgage Servicer will notify me in writing if it is not accepted. Mortgage Loan Servicers have procedures designed to detect fraud or improper activity and must follow privacy laws to protect borrower information.

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I understand that this Authorization expires one year from the date signed unless I cancel it earlier by writing to my Mortgage Servicer or by completing an Authorization for a different Third Party.

Do not sign this form until the form is fully completed. Keep a copy of this form.

Signature of borrower_____

Printed name _____ Date _____

Last 4 digits of SSN _____

Phone _____ Email _____

Signature of co-borrower_____

Printed name _____ Date _____

Last 4 digits of SSN _____

Phone _____ Email _____

This form should be transmitted to BSI Financial Services as soon as possible and no later than 90 days after the date signed. This form may be sent by fax to 814-217-1366 or by email at customercare@bsifinancial.com

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