



## General Third Party Authorization

SPS Loan Number: \_\_\_\_\_

SPS Customer(s) Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Please send this completed authorization to:

Select Portfolio Servicing, Inc.  
PO Box 65250  
Salt Lake City, UT 84165  
or  
Fax: (801) 269-4405

I (we) hereby authorize Select Portfolio Servicing, Inc. (SPS) to release, furnish, and provide any information related to the above-referenced loan to:

Third Party Name: OFELIA L SIERRA

Company Name: \_\_\_\_\_

Relationship to Customer(s): \_\_\_\_\_

Phone Number: 786-402-9555 Fax Number: 888-941-3775

(If the above authorization is a result of a Power of Attorney, Order of Guardianship/Conservatorship, or Administration of an Estate, please attach documentation verifying this authority)

If your authorization is for other than a full account disclosure, please indicate below which limited information you authorize SPS to release, furnish and provide to the above authorized third party:

☒ Verification of Mortgage

☒ Payment History

☐ Other \_\_\_\_\_

☐ Payoff Statement as of Date \_\_\_\_\_

Please indicate the payoff reason:

☐ Refinance with other company

☒ Sale of property

I hereby authorize the above-referenced individual(s) to obtain information regarding my mortgage loan identified above. I agree that SPS will not be held responsible in any manner for relying upon or following the authorization and/or instructions I have given herein. I also agree that SPS has no responsibility to verify the identity of my authorized third party, nor will SPS be liable for anything my authorized third party may do with the information they obtain regarding my account. I acknowledge and agree that fees, as allowed by law and my loan documents, may be assessed to my account as a result of my authorized third party's request(s).

This authorization is valid for one (1) year from the date of receipt unless otherwise specified here: \_\_\_\_\_. If at any time I choose to revoke this authorization, it is my responsibility to notify SPS by calling SPS's Customer Service Department at (800) 258-8602.

X  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Customer Signature

\_\_\_\_\_  
Date

Please allow up to three (3) business days after receipt for this authorization to be uploaded into your account.