

MSDC FORECLOSURE PREVENTION PROGRAMS

1557 Vernon Odom Blvd. ♦ Akron, Ohio 44320 ♦ Office (330) 631-0350 ♦ Fax (330) 631-0355

External Third Party Authorization

Name of Third P	arty:	Mustard Seed Develo	opment Center		
Tax ID:		34-1920318			
Primary Point of Contact:					
Counselor Email:					
Lender					
Loan Number					
Property Address					
Dear Sir or Madam, Please be advised that I/we am/are working with Mustard Seed Development Center, MSDC, a HUD certified housing counseling agency, to resolve my/our mortgage delinquency. Through this letter, I/we hereby authorize you to release any and all information concerning my/our account(s) to MSDC and their counselors, including but not limited to the following employees: Toree Stokes, Rita Smith, Maranda Brisco. This authorization will expire 30 days after the date below. Thank you for you cooperation in this matter.					
Borrower Signature		Date	Co-Borrower Signatu	re	Date
Borrower Name			Co-Borrower Name		
Date of Birth			Date of Birth		
Last 4 of SSN			Last 4 of SSN		