

CERTIFICATION OF AUTHORITY TO RECEIVE CUSTOMER INFORMATION

Loan Number: _____ Borrower Name: _____

PLEASE CHECK EITHER PART A OR PART B, WHICHEVER IS APPLICABLE AND COMPLETE PART C. ATTACH A COPY OF THE DOCUMENTS IDENTIFIED IN PART A OR PART B.

() Part A. Duly Authorized Agent

I am a duly authorized agent of the Borrower. My status as an agent is confirmed by either the signature of the Borrower appearing below, or by a copy of the documents attached to this Certification.

Borrower's Signature/Date (only one signature required)

() Part B. Persons as to Whom the Customer has Affirmatively Authorized Disclosure of the Information.

I have been authorized by the Borrower to receive the requested information. I am attaching a copy of the Borrower's written authorization for disclosure of this information to me.

() Part C. Confidentiality Agreement

I agree that I will keep the information received confidential, and that I will limit my use of the information to:

_____ (payoff) _____ other (explain) _____

I further agree to refrain from disclosing the information to third parties, except as required by law or as permitted by the rules of the OTS.

_____ Name of Company/Person

_____ Signature of Authorized Person

_____ Date