



**AUTHORIZATION TO FURNISH AND
RELEASE INFORMATION**

Chase Account Number: _____
Date: _____
Customer Name(s): _____
Property Address: _____

I/We, _____ (customer name[s]), currently residing
at _____ (current address), County of _____, State of
_____, hereby authorize JPMorgan Chase Bank, N.A. ("Chase") to release, furnish, and provide
information related to my/our account number _____ (loan number) to:

("Third Party") (Include the name, address, and telephone number of the Third Party).

Please complete if applicable: If the Third Party listed above is a counseling organization, corporation, law firm, or entity other than a natural person, you may provide the name(s) of the specific individual(s) working for the Third Party to whom Chase is authorized to release information. If no individuals are specified below, and your authorization is not otherwise restricted, your authorization will be applied to your entire file and the entire entity.

I/We authorize Chase to provide my/our information to the following individual(s) at the Third Party:

Chase will take reasonable steps to authenticate the identity of the Third Party authorized above; however, we will not have any liability if we decline to release your account information because we are unable to authenticate the true identity of the authorized requestor seeking account information.

This authorization will remain valid until revoked. To revoke your authorization, please write or call us using the contact information below.

I/We hereby indemnify and forever hold Chase harmless from any and all actions and causes of actions, suits, claims, attorney's fees, or demands against Chase, which I/we and/or my/our heirs may have resulting from Chase discussing, or declining to discuss, my/our account with the above-named requestor or person identifying himself/herself to be that requestor, or resulting from providing, or declining to provide, any documents or other information concerning the account to the requestor.

Signed by:

(Signature)

(Date)

(Printed Name)

Signed by:

(Signature)

(Date)

(Printed Name)

Please return this completed form to:

Regular mail: Chase
Mail Code OH4-7302
P.O. Box 24696
Columbus, OH 43224-0696

Overnight mail: Chase
Attn: Third Party Authorization Research
710 South Ash Street, Suite 200
Glendale, CO 80246-1989

Fax: 1-614-422-7575 (Free of charge from any Chase branch)

If you have questions on the form, please call us at 1-800-848-9136. We accept operator relay calls.

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