



# THIRD PARTY AUTHORIZATION

SunTrust Mortgage Loan Number (10 digits): \_\_\_\_\_

I/We, \_\_\_\_\_ (“Borrower”) and  
\_\_\_\_\_ (“Co-Borrower”, if applicable)

hereby authorize SunTrust Mortgage, Inc. to release any and all information about my Loan to the third party indicated below. I/We understand that information released by SunTrust Mortgage may include, but may not be limited to, information relating to my loan amount and payment transactions history, and/or the provision of copies of my loan documents, which may contain non-public information relating to me and the Co-Borrower.

I/We acknowledge that should I and/or Co-Borrower (if applicable) wish to terminate this authorization, I (or Co-Borrower) must call SunTrust Mortgage at 800.443.1032, option 3, Monday through Friday 8:00 a.m. to 10:00 p.m., ET, and submit the request in writing to the address below.

Date Requested: \_\_\_\_\_

Full Name of Authorized Third Party(s): \_\_\_\_\_

Authorized Party Phone/Email: \_\_\_\_\_ / \_\_\_\_\_

Relationship to Borrower: \_\_\_\_\_

Borrower Name: \_\_\_\_\_

Borrower Social Security Number (last 4 digits): \_\_\_\_\_

Co-Borrower Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Borrower Signature/Date

\_\_\_\_\_  
Co-Borrower Signature/Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

When you have completed and signed this Authorization, please return it to the following address or you may fax the Authorization to **804.675.7399**.

SunTrust Mortgage, Inc.  
Attention: Shared Services  
1001 Semmes Avenue  
RVW 3054  
Richmond, Virginia 23224

**Please allow 5 business days from SunTrust’s receipt for authorization or termination to be processed.**