



**AUTHORIZED CONTACT FORM**

By signing this Authorized Contact Form (the “Authorization”), I/We (the “Borrower”) authorize and request that Cooperative Business Services, LLC (“CBS”) share, release, discuss, and otherwise provide the below designated individual(s) (individually and collectively, the “Authorized Contact”) financial information regarding the loan(s) listed below, including, but not limited to interest paid to date, specific loan terms, billing amounts, and current outstanding balance(s). The Borrower acknowledges this Authorization is specific only for the loan(s) listed below. The Borrower further acknowledges and agrees that this Authorization will remain in effect from the date of the signature below, and can only be revoked via a dated, signed, and written request to CBS.

Borrower acknowledges that all information shared with the Authorized Contact will be handled in a confidential manner and be in compliance with all applicable laws. Borrower agrees and acknowledges that CBS shall have no obligation of responsibility to verify the identity of the Authorized Contact except for validating the last four (4) digits of the Borrower’s tax identification number, as listed below. Borrower agrees to release and hold CBS harmless from any and all claims, responsibility, or liability whatsoever related to, in connection with, or arising out of CBS’ release of information to the Authorized Contact pursuant to this Authorization.

To ensure the authenticity of the Authorized Contact, the Borrower is providing and certifying the last four (4) digits of the Borrower’s tax identification number are \_\_\_\_\_. The Borrower understands and acknowledges that the Authorized Contact must provide these four (4) digits in order for CBS to release any financial information to the Authorized Contact.

**This Authorization in no way provides the Authorized Contact any authority to execute any documents, modifications, instruments, or any other agreement on behalf of the Borrower.**

By signing below, the Borrower agrees to all terms in this Authorization and also acknowledges receipt of a copy of this Authorization. The Borrower also acknowledges and agrees that the undersigned has been duly authorized by the Borrower to enter into this Authorization.

Loan Name: \_\_\_\_\_

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

Borrower Signature: \_\_\_\_\_

Loan Number(s): \_\_\_\_\_

Authorized Contact Name: \_\_\_\_\_

Authorized Contact Email: \_\_\_\_\_

Authorized Contact Phone No.: \_\_\_\_\_