

## Flagstar Bank Third-Party Authorization Form

Please use this form to authorize someone other than yourself to access your Flagstar Bank mortgage information.

Fax this completed page and any additional documents to (888) 848-1071 (Do not attach a cover letter.)

Or

Signature

Mail this completed page only to: Flagstar Bank

Attention – Research Department

Mail Stop S-115-3 5151 Corporate Drive Troy, MI 48098-2639

Troy, MI 48098-2639				
Section 1	Please PRINT (for multiple	e loans use separat	e forms)	
Loan Number:		]		
Section 2	PRINT in CAPITAL LETTEI	RS the Legal Name	of Borrower	
First	Middle	Last		
Social Security	Number of Borrower:		J <b>–</b> 📙 📙 📙	
Daytime Teleph	one Number: ( )		ext	
Section 3	PRINT in CAPITAL LETTEI	RS the Name of Aut	horized Person	
First	Middle	Last		
Select a PIN fo	r the Authorized Person:			
Daytime Teleph	one Number: ( )		ext	
Section 4				
PIN that I have ass	son named above to access my a igned. If at any time I choose to n, it is my responsibility to notify F	remove the person name	ed from accessing my	

Date: MM/DD/YYYY