

Authorization Form

By signature below, authorizatio	n is provided for Mr. Co	oper to have direct contact with your client,
(Client Name)		
information/discussion of poten	tial loss mitigation/loan	assistance programs regarding the debtor(s)
home mortgage.	-	
Date:	Firm name:	
Attorney or authorized party sig	nature:	
Firm telephone number:		Fax Number: