



102 Motor Parkway, Hauppauge NY

Phone: (631) 698-7000 Web: www.teachersfcu.org

Mail: P. O. Box 9005, Smithtown NY 11787

BORROWER'S AUTHORIZATION FORM

I, _____, hereby authorize Teachers Federal Credit Union (the "lender") to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my mortgage loan application.

I further authorize Teachers Federal Credit Union (the "lender") to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

The information the lender obtains is only to be used in the processing of my application for a mortgage loan.

BORROWER

DATE

CO-BORROWER

DATE