

THIRD PARTY AUTHORIZATION FORM



Date: _____

RTR File Number: _____

By completing and signing this form, the undersigned individual(s) hereby give Real Time Resolutions, Inc. and its affiliates, employees, representatives, attorneys, and agents (collectively, "RTR") and the below-listed Authorized Third Party express permission to discuss, exchange, share, release, receive, and/or provide information to and with each other concerning the above-referenced RTR File Number, including nonpublic personal information, which includes but is not limited to name(s), address(es), telephone number(s), contact information, social security number(s), balance information, loss mitigation information, and payment history information. To the extent applicable, you also authorize RTR and the Authorized Third Party to discuss or negotiate a potential resolution of your account.

RTR has no responsibility or liability for any act or omission of the Authorized Third Party with respect to any information exchanged. A copy of this authorization, including a facsimile transmission or scanned copy, may be accepted as an original.

AUTHORIZED THIRD PARTY		
*Authorized Third Party Name		
Cell or Work Number with Area Code	Fax Number with Area Code	
Email Address	*Date of Birth:	
*Current Mailing Address		
*City	*State	*Zip Code
*Relationship to customer(s)	Best Time to Call	

INFORMATION OF THE BORROWER AUTHORIZING THE THIRD PARTY REQUIRED	
Borrower Name _____	Co-Borrower Name _____
Borrower Signature _____	Co-Borrower Signature _____
Date ____/____/____	Date ____/____/____

Send completed form to:

★ Email: rs@rtresolutions.com

★ Fax: (214) 452-0532

★ Mail: P.O. Box 36655, Dallas, TX 75235