



Third Party Authorization/Document Request Form

CIT Bank, N.A. Loan Number

Borrower First Name

Borrower Last Name

Co-borrower First Name

Co-borrower Last Name

Property Address

City

State

Zip Code

Third Party Name

Relationship to Customer

*Authorizations for non-family members will expire in one year

Address

City

State

Zip Code

Daytime Phone

Fax

E-mail Address

If you would like to request a Payoff Statement at this time, please complete the following and return by fax to 1.866.483.9744 or to the address at the bottom of this form:

Payoff Statement as of Date: _____

\$10.00 Payoff Statement fee (per request) Alabama, Arizona, California, Hawaii, Idaho, Illinois, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Montana, North Dakota, Nebraska, New Hampshire, New Mexico, Nevada, Oklahoma, Ohio, Oregon, Pennsylvania, Texas, Washington, West Virginia, Wyoming.

All Other States: No Charge

Please indicate the payoff reasons:

- Refinancing with OneWest Bank, a division of CIT Bank, N.A.
- Refinancing with another company
- Sale of Property

***Processing time for a payoff request received via fax is 24-48 hours**

If you would like to request one of the following documents at this time, please complete the following and return by fax to 1.866.483.9744 or to the address at the bottom of this form:

Verification of Mortgage Payment History Other: _____

Includes a 12 month payment history

***Processing time for a Verification of Mortgage or Payment History request 3 business days**

I authorize the third party listed above to obtain any information on my above referenced mortgage loan account with CIT Bank, N.A. I further acknowledge and agree that the applicable fees may be assessed to my account as a result of the third party's request. Fees may be charged per item, per request and are subject to change. My signature approves both the authorization of the third party and the acknowledgement of any applicable fees. This authorization does not expire until revoked by me.

Borrower Signature

Date

Co-borrower Signature

Date

Please mail the completed form to:

CIT Bank, N.A.
P.O. Box 4045
Kalamazoo, MI 49003

Please fax the completed form to:

1.866.483.9744