



AAA Financial Corporation

"Your Bi-weekly Mortgage Payment Company"

Authorization for Release of Mortgage Information

By signing below, I/We hereby authorize AAA Financial Corporation to access my/our mortgage account information as well as any mortgage payment adjustments with regards to my/our loan.

****Please Print Clearly****

AAA Financial Corporation Enrollment Number: _____

Primary Borrower

Name: _____
Last First M.I.

Social Security Number _____ - _____ - _____

Signature: _____

Secondary Borrower

Name: _____
Last First M.I.

Social Security Number _____ - _____ - _____

Signature: _____

Property Address: _____
Street Address

City State Zip Code

Home Telephone #: (____) _____ - _____ Work Telephone #: (____) _____ - _____

Please return to:

AAA Financial Corp.
9600 West Sample Road, Suite 301
Coral Springs, FL 33065

Facsimile: (954) 344-0257
Telephone: (800) 881-2530
Website: www.aaafinancial.com
E-mail: info@aaafinancial.com