



THIRD PARTY AUTHORIZATION FORM

Please complete this form in its entirety. To protect the privacy of our customers, Carver Federal Savings Bank (CFSB) requires written consent from the borrower to discuss any non-public information regarding existing or prior serviced loans.

Step 1: Your Contact Information

Loan Number: _____
Borrower Name: _____ Co-Borrower: _____
Primary Phone: _____ Email Address: _____
Property Address: _____ Mailing Address: _____

Step 2: The Authorized Third Party's Contact Information

Authorized Party or Organization: _____

In the section below, describe the type of relationship you have with the Authorized Third Party.

Authorized Party Address: _____
Authorized Party Phone Number: _____

Step 3: Length of Authorization

Effective until (MM/DD/YYYY): ____ / ____ / ____

- The authorization will remain in effective for the timeframe selected unless revoked in writing. If an expiration date is not provided, then the authorization will remain until the maturity date of the loan.
For personal or legal relationships: the authorization may last for the life of the loan and the authorized party may be able to make changes to the account.
For business or contract relationships: the authorization will not exceed ninety (90) days, but can be less if the expiration date provided is less than 90 days from the date we receive the form. The authorized party will not have access to make changes to the account. If you are authorizing a contractor for the purpose of an insurance claim, authorization may be extended until completion of the claim.

Step 4: Your Signature

Signature(s): _____ Date: _____
Borrower
_____ Date: _____
Co-Borrower

Step 5: Returning the Form

Please return the completed form to Carver via the following options:

Email: loanoperations@carverbank.com
Mailing Address: Carver Federal Savings Bank
Attn: Loan Operations
1825 Park Avenue – 7th Floor
New York, NY 10035
Fax: 212-426-6155