



## Authorization to Release Information

Complete one form per each lien

Account # or Loan #: \_\_\_\_\_

Lender Name: \_\_\_\_\_

Lender Phone: \_\_\_\_\_

Lender Fax: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize you to release any and all information regarding my account for the above address, including loan status, interest rate, payoff amount, amount of monthly payment, late charges, penalties, and fees (if applicable), foreclosure attorney's name and phone number to the following:

August REI, LLC

To Include: Amy Sayre, Consuelo Moore, Don Sayre, Maria Estrada & Janeth

PO Box 496644, Garland, TX 75049

Fax (888) 475-4103

Phone (972) 767-9219

Phone (844) 286-1145

**Borrower #1:** \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Borrower #2:** \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_