



Members Title Group

Members Title Group LLC
15850 W. Bluemound Road, Suite 205
Brookfield, WI 53005
P: 262-229-2261
F: 888-600-0979
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AUTHORIZATION TO RELEASE PERSONAL AND FINANCIAL INFORMATION

Commitment No.: _____

Borrower(s): _____

Borrower Social Security Number(s): _____

Property Address: _____

Name of Authorized Representative: **Members Title Group LLC**

Payoff Date: _____

LENDER NAME: _____

LOAN NUMBER: _____

To whom it may concern:

THE ABOVE-REFERENCED PROPERTY IS BEING SOLD.

hereby authorize you to release to MTG, LLC, my "Authorized Representative," its employees, agents, and third-party representative (including but not limited to Visionet Systems, Inc.) any and all personal or financial information requested by Authorized Representative. further hereby grant Authorized Representative the right and privilege to REQUEST any information relating to my loan, judgment, or other debt, including but not limited to existing changing contact information, tax information, and insurance information.

Dated this _____ day of _____, 20_____

Sellers:

* name _____

*name _____