

Lender: _____
Address: _____

Insurance: _____
Address: _____

INSURANCE AUTHORIZATION FORM

Lender: _____

Date: _____

Loan Number: _____

Contact: _____

Phone Number: _____

Insured: _____

Property Address: _____

Please correct the Mortgage Clause to read:

Maine State Housing Authority
C/O Rhode Island Housing and Mortgage Finance Corporation d/b/a Mortgage Servicing Solutions
ISAOA/ATIMA
44 Washington Street
Providence, RI 02903

Loan Number:

By signing below, I authorize Mortgage Servicing Solutions to communicate with the above mentioned Insurance Company regarding my Homeowners Insurance policy including mortgagee clause change, billing, etc.

Borrower: _____
Printed Name:

Co-Borrower: _____
Printed Name: