PERIODIC STATEMENT AUTHORIZATION FORM



I am requesting and would like to receive monthly Periodic Statements on the mortgage account below:

Name:		Street Address:		City, State, Zip Code:
Mortgage Account Number:				
Daytime Phone Number			Evening Phone Number:	
I hereby authorize Specialized Loan Servicing LLC (SLS) to begin sending me monthly periodic statements related to the above mortgage account. Although any personal liability I may have had for the debt related to the account was discharged in bankruptcy, I am able to make voluntary payments and would like to receive a monthly periodic statement for informational purposes, although the statement form may contain an attached coupon or language indicating "amount due" or "payment due" or the like. I understand that by sending the periodic statements, SLS is not attempting to collect a debt, but is rather sending the periodic statements and any attached coupon as a courtesy and at my request. I understand that I have the option to discontinue receiving monthly periodic statements at any time upon request to SLS. I HEREBY AGREE TO THE TERMS AND CONDITIONS IN THIS FORM.				
Mortgagor Signature				Date
Co-Mortgager Signature				Date
If you wish to receive monthly periodic statements related to the above-referenced account, please complete this form and return it to SLS, which you may fax or mail as follows:				
SLS Fax Number:	1-720-241-7	218		
SLS Mailing Address:	P.O. Box 636	Loan Servicing LLC 6005 80163-6005		
SLS Email Address:	customer.su	pport@sls.net		