

Amerivest

1053 Park Ave, Ste 1 San Jose, CA 95126 (408) 408-288-8845 FAX (408) 519-6803

AUTHORIZATION TO RELEASE INFORMATION

I / We hereby grant AMERIVEST and Alfonso Reyes authorization to discuss
loan # _____

Last four of social security number _____

Property Address _____

Name on the account _____

I/ We further authorize AMERIVEST to use photocopy of my signature below to obtain needed information
regarding my aforementioned items.

Applicant Signature

Social Security Number

Full Name

Date

Applicant Signature

Social Security Number

Full Name

Date