

Buyer:
 Seller:
 Property Address
 File Number:

**To speed things along, please fax,
 1 (877) 897-8010 or email,
packages@monarchclosing.com this fully
 executed form as soon as possible.**

<u>NAME, ADDRESS & TELEPHONE NO. OF INSURANCE AGENT:</u>	<u>Policy/Binder #:</u>

The undersigned hereby authorize the Lender, Title Attorney/Company, Escrow Agent and/or their representatives that are involved in the above referenced closing to release and furnish copies of the closing disclosures and other settlement statements to the real estate agents for either buyer or seller, or both, upon request at closing for same.

_____ Buyer Name /DATE	<u>Marital Status/ Spouse's Name</u>	<u>Contact: Telephone/Email</u> <u>Social Security Number:</u>
_____ Seller Name /DATE	<u>Marital Status/ Spouse's Name</u>	<u>Contact: Telephone/Email</u> <u>Social Security Number:</u>

PLEASE INDICATE BELOW HOW YOU WOULD LIKE TO TAKE TITLE: this means who will be listed on the Deed as Grantee(s); confirm spelling, middle initials, etc.

(Please confirm that this is the same information given to your loan officer when you applied for your loan. If name(s) is different, please notify your loan officer that you want to take title as you have indicated above. This will ensure that **all** of your closing documents will show correct name.)

