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**FAX/EMAIL AUTHORIZATION FORM**

Bank/Credit Union: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

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I hereby authorize Allied Home Mortgage Capital Corporation and its Allied Partner Affiliate Branches to forward company information, loan documents and market news/commentary via Email & Fax.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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Print Name