



**Authorization**

Client: \_\_\_\_\_ Client: \_\_\_\_\_

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

Ph: \_\_\_\_\_

Ph: \_\_\_\_\_

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

Date: \_\_\_\_\_ Expires: \_\_\_\_\_

<p>Cal State Relocation Inc. Modification Processing Department 6728 Fair Oaks Blvd #302 Carmichael, CA 95608</p> <p>Services: Modification * Loans * Credit Information * Real Estate * Relocation Services</p> <p>Ph. 916-488-5626</p>
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To whom it may Concern:

I, \_\_\_\_\_, give authorization to John M. Navarro of CS Modification Processing and/or Designated Agents **\*(see below)** to represent my interests in discussions regarding my loan(s) # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_.

Sincerely,

**\*Designated Agents:** Tere Mitchell, Bonnie White, Trevor Frew, Ann Snagg, Tony Carr, Lorna Johnson (Escrow Officer) and Steve J. Beede (Attorney of Law).

Borrower \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Borrower \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Authorized Broker:** \_\_\_\_\_

John M. Navarro/ CA Dept. of Real Estate Broker License # 01174547

**Please Fax Your Authorization  
916-488-3889**