

Information Consent Form

This form hereby authorizes Alta West Mortgage Capital Corporation to release confidential mortgage information to a specific individual or my mortgage broker and his/her assistants.

The authorization is valid for **90** days. The purpose of this request is (please check one):

to AUTHORIZE another individual / mortgage broker to utilize this information for a mortgage consultation, refinance, or renewal purposes

to CANCEL the existing authorization of the individual or mortgage broker identified below

BORROWER INFORMATION

Borrower name(s): _____

Mortgage property address: _____

City: _____ Province: _____ Postal Code: _____

Mortgage number: _____ Phone number: _____

BROKER INFORMATION

Name: _____

Brokerage / Company (if applicable): _____

Home or Business address: _____

City: _____ Province: _____ Postal Code: _____

Phone number: _____ Email: _____

AUTHORIZATION

Consented to this on the ____ day of _____, 20____ at _____

in the province of _____

Borrower name(s): _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please remit to: info@awcapital.ca or brent@awcapital.ca

Please note: The form is only valid when all borrower(s) on the mortgage have signed.