



THIRD PARTY AUTHORIZATION REVOCATION FORM

Please complete this form in its entirety. To protect the privacy of our customers, 7 Servicing requires a written request from the borrower to revoke authorization to any previously authorized third parties.

STEP 1: Your Contact Information

Loan Number

Borrower Name

Co-Borrower Name

Primary Phone

Email Address

Property Address Street / City / State / zip

Mailing Address Street / City / State / zip

STEP 2: The Authorized Third Party's Contact Information

Authorized Party or Organization

STEP 3: Your Signature

Acknowledgement: I understand my personal and/or financial information may have been disclosed to this third party individual in reliance upon an authorization given previously by me. I further understand that this revocation does not apply retroactively and will not affect any actions taken prior to receipt of this request.

Borrower Signature

Last four digits of Social Security Number

Co-Borrower Signature

Last four digits of Social Security Number

I, _____, hereby revoke any previous authorizations to disclose my personal and/or financial information.

STEP 4: Returning the form

Please return the completed form to 7 Servicing via the following options:

Email: 7servicing@7.coop

Mailing Address: 7 Servicing
2077 Town Center Blvd, Suite 304
Knoxville, TN 37922

Fax: 865.813.0112