as the authorization and will remain in effect until terminated by written notice. You are authorized to charge $20 to my credit card #_____ expires _____ code:_____

LANDMARK LOANS

Connecticut Licensed Mortgage Brokers NMLS 1869508

(855) 829-8727
(203) 325-4444 office
(888) 316-6720 fax

Scofield Group, LLC
dba Landmark Loans **(LL)**
945 Long Ridge Rd
Stamford, CT 06902

PART 1 AUTHORIZATION FORM

I hereby authorize the Landmark Loans (LL) and affiliates to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my mortgage loan application. I further authorize the LL to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as the authorization and will remain in effect until terminated by written notice.

The information LL obtains is only to be used in the processing of my application for a mortgage loan and/or monitoring my credit.

_____ _____
Signature Date

_____ _____
Spouse's Signature Date

PART 2 PERSONAL INFORMATION

Legal name _____ phone h/w / _____
Social Security # / / e-mail: _____
Spouse's name _____ phone h/w / _____
Social Security # / / e-mail _____

Home Address _____

PART 3 FINANCIAL INFORMATION

You are authorized to charge $

my credit card #_____ expires _____ code_____.

Please return by mail, e-mail or FAX to 888-316-6720