

THIRD PARTY / AGENT AUTHORIZATION



The Borrowers named below hereby designate the Agent/Person named below to discuss the account, change account information, and negotiate payment assistance in connection with the account specified below and authorize First Horizon (the "Bank") to deal with the Agent/Person in such matter. The Bank is authorized to share all information about the account with the Agent/Person, including, but not limited to, documents, statements, correspondence, account history, and balance information.

Although the Agent/Person is authorized to negotiate the terms of any payment assistance options with the Bank and to change account information such as mailing address, phone number(s), and method of statement delivery, the Agent/Person is not authorized to sign any loan documents on my behalf. Bank will have no liability for refusing to act on the instructions of the Third Party, and Bank may, at any time and as Bank solely determines, require my consent for any action requested by the Third Party.

This authorization will remain in effect until the Bank receives written notice from me sent to the Bank as provided below that this authorization has been terminated.

Third Party Information:

Name/Title: _____

Company Name (if applicable): _____

Address (No P.O. Boxes): _____

Telephone Number: _____

Account Information:

Borrower(s): _____

Account Number: _____ Social Security Number: _____

Property Address (if applicable): _____

Signature of Borrowers:

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Daytime Phone Number: _____

Daytime Phone Number: _____

We will be unable to disclose or discuss your account information with the third party until we receive this completed and signed authorization form. Please retain a copy of this authorization for your records. Should you have any questions regarding this authorization form, please contact First Horizon at 866-609-2780.

Otherwise, please complete and return to:

**First Horizon
PO Box 1469
Knoxville, TN 37901-1469**

By Fax: 800-396-6185

This communication is an attempt to collect a debt and any information obtained will be used for that purpose. However, if you are a named party in a bankruptcy case or if you have received a bankruptcy discharge for the above referenced indebtedness, this letter is for notice purposes only and is not an attempt to collect a debt from you personally.