Security Financial Services

AUTHORIZATION TO RECEIVE CONSUMER REPORTS

To Whom It May Concern:

In connection with the possible assumption of my Security Instrument and Note given by the below name Debtor(s) (the "Debtor(s)") on the date referred to below and held by me, I authorize Purchaser or Assignee, to order, receive and review on my behalf, one or more consumer reports on any Debtor from one or more consumer reporting agencies, all as permitted by the Federal Fair Credit Reporting Act and applicable state law.

I also authorize Purchaser or Assignee to receive and review one or more consumer reports on myself from one or more consumer reporting agencies, all as permitted by the Federal Fair Credit Reporting Act and applicable state law.

If Payor is a corporation, provide the information requested below on all stock holders owning 25% or more of corporate stock.

Noteholder Signature **X**_____

Noteholder Name _____
(Please print)

Name of Business _____

Residence Address _____

_____

Social Security # _____

Phone Number: _____

Payor information does not require payor's signature

Payor/Debtor Name _____

Residence Address _____

_____

Social Security # _____

Phone Number: _____