



**BORROWER(S) AUTHORIZATION
NEGOTIATE A WORK-OUT PLAN
ON THEIR BORROWERS' BEHALF**

Borrower Name: _____
Social Security: _____
DOB: _____
Co-Borrower Name: _____
Social Security: _____
DOB: _____
Mortgage Company: _____
Loan Number: _____

The undersigned do hereby appoint Excellent Solution Group, LLC, acting by and through its employees, staff, attorneys and agents, as the authorized agent of the undersigned, to act on behalf of the undersigned, with respect to avoiding foreclosure of the following real property:

ADDRESS: _____

As necessary to carry out the above, Excellent Solution Group, LLC, acting by and through its employees, staff, attorneys and agents, is expressly authorized, on behalf of the undersigned, to:

1. Communicate with my creditors, obtain any information regarding my accounts or debts that I may owe, including for example the account balances, payment history, verification of the account and any other information necessary to allow Excellent Solution Group, LLC, to evaluate and formulate settlement or payment offers on my behalf.
2. Make good faith settlement or payment offers on my behalf.

This authorization shall expire six (6) months from the date above unless rescinded in writing prior to that date.

Further more, the Mortgage Company will contact Excellent Solution Group, LLC, for any discussion on this matter at 407-615-2536. Additionally, all paperwork and information will be sent to:

**Excellent Solution Group, LLC, c/o Modification Department
7560 Red Bug Lake Rd. Suite 2020 Oviedo, FL 32765**

Email: info@excellentsolutiongroup.com

Email: excellentprocessing@live.com

Client Signature

Date

Client Signature

Date

Client Signature

Date

Client Signature

Date