

GMAC Mortgage, LLC
ATTN: Customer Care Correspondence Unit
P. O. Box 780
Waterloo, IA 50704-0780

Authorization and Release

I/we (I, my) authorize

Printed Name of First Individual to be Authorized: WSB Mortgage Services, Inc.

Last 4 digits of the Social Security Number of Authorized Individual: _____

Printed Name of Second Individual to be Authorized: _____

Last 4 digits of the Social Security Number of Authorized Individual: _____

(hereinafter referred to as the Requester(s)) to discuss my loan account, being account number _____, with GMAC Mortgage, LLC, and to obtain information concerning my Account.

GMAC Mortgage, LLC, will take reasonable steps to verify the information provided above, but will have no responsibility or liability to verify the true identity of the Requester when the Requester asks to discuss my Account or seeks information about my Account. Nor shall GMAC Mortgage, LLC have any responsibility or liability with what the Requester does with the information he/she obtains concerning my account.

For this Authorization and for good and other valuable consideration, receipt of which is hereby acknowledged, I do hereby indemnify and hold harmless GMAC Mortgage, LLC, its successors and/or assigns from all actions and causes of actions, suits, claims or demands against GMAC Mortgage, LLC, its successors and/or assigns which I or my heirs, successors and/or assigns have, had, or may have resulting from GMAC Mortgage, LLC discussing my Account and/or providing any information concerning my Account with or to the Requester or a person claiming to be the Requester.

In Witness Whereof, I have signed this document of my own free will, intending to be bound thereby.

Customer's Signature(s)

Customer's Printed Name(s)

Last Four Digits of the Customer's Social Security Number(s)

Date:

State of:

County of:

On this _____ day of _____, 2008, before me personally came _____ Known to me to be the person(s) whose name(s) signed and executed this document.

Notary Public