



# THIRD PARTY AUTHORIZATION TO RELEASE INFORMATION

Please complete and submit this form if you would like PenFed to release information and or funds regarding your claim to any person other than the member(s) listed on the loan and/or claim check. This form is not required for insurance claim funds to be disbursed directly to the member(s) at the address on file.

**Member(s) Name(s):** \_\_\_\_\_

**Loan/Account Number(s):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

(Street, City, State & Zip Code)

**Member's Phone Number(s):** \_\_\_\_\_

- I would like PenFed to release information about my claim to a third party (contractor, family member, etc.)
- I would like PenFed to mail my claim funds to a third party (contractor, family member, etc.). I understand that I will still need to endorse the claim check once the Third Party receives it, unless I have provided separate instructions in writing to my assigned Claims Administrator to remove my name from the claim checks disbursed.
- I allow PenFed to release claim fund disbursement details (amount, tracking number, date mailed, etc.) to the 3rd Party listed below (contractor, family member, etc.).

**\*\*** PenFed is not responsible if the contractor is paid up-front for repairs that are not completed and in adequate workmanship, up to code, etc. The member/homeowner is fully responsible for ensuring the contractors they hire are performing timely, up to code, adequate workmanship, etc.

**Name of Third Party:** \_\_\_\_\_

**Address of Third Party:** \_\_\_\_\_

(Street, City, State & Zip Code)

**Phone Number(s) of Third Party:** \_\_\_\_\_

**Email Address of Third Party:** \_\_\_\_\_

**Relationship to Member(s):** \_\_\_\_\_

**Signature(s) of all Member(s)/Parties on the Claim Checks:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send this completed form to your assigned PenFed Insurance Claims Administrator via email or to the PenFed Loss Drafts Claims Department at the address below with your claim check:

**Pentagon Federal Credit Union  
Attn: Mortgage Claims  
4875 Preston Road  
Frisco, TX 75034**

The parties agree that the electronic signatures appearing on this form are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

A copy of this form serves as the original.