

BORROWER SIGNATURE AUTHORIZATION

Borrower(s)		Lender Name and Address Ladysmith Federal Savings and Loan P.O. Box 146 Ladysmith, WI 54848 (715)532-3389	
Date	Loan Number		

The undersigned authorize Lender to attach to this form or a copy of this form, one or more of a FNMA form of Request for Verification of Employment, or Deposit or Rent or Mortgage Account, and agree that my signature, or a copy of my signature on this form, shall constitute my signature upon such attachment and authorize verification of the attachment, the same as if the undersigned had signed the attachment as an original document.

It is understood that a copy of this form will also serve as an authorization. If the loan closes, the undersigned authorize that all or part of the application information may be verified as part of a post closing audit.

_____	_____
Borrower	Date
_____	_____
Borrower	Date
_____	_____
Borrower	Date
_____	_____
Borrower	Date