



## Credit Authorization Form

Applicant Information		Co-Applicant Information (if applicable)	
Name		Name	
SS#		SS#	
DOB		DOB	
Address		Address	
City/State/Zip		City/State/Zip	
Phone No		Phone No	
Email		Email	

I/We hereby authorize Champions Funding, LLC to obtain a consumer credit report and any other information relating to my/our financial position from any credit reporting agency or other source. I/We understand that this information will be used to evaluate my/our application for a mortgage loan and may be shared with affiliates, agents, and service providers as necessary to process my/our mortgage loan application.

I/We understand that I/we have the right to request a copy of my/our credit report from the credit reporting agency and to dispute any inaccurate or incomplete information.

### Acknowledgment and Signature:

By signing below, I/we acknowledge that I/we have read and understand this Credit Authorization Form. This authorization shall remain in effect until the loan application process is completed or withdrawn in writing.

Applicant Information		Co-Applicant Information (if applicable)	
Signature		Signature	
Date		Date	