

**Omni Financial
Third-Party Authorization Form**

I authorize the below named individual person to:

- 1) Obtain information on my Omni Financial (“Omni”) loan account(s). This information may include (but is not limited to) name, address, telephone number, email address, social security number, account balance, payoff balance, and payment history.
- 2) The authorized individual may also make payments on my Omni loan account on my behalf.
- 3) I acknowledge that this authorization is in effect until I expressly revoke such authorization by signing below and submitting it to Omni via my Omni online customer message center.

1) AUTHORIZATION OF THIRD-PARTY INDIVIDUAL

Authorized Individual Contact Information

Name (Print): _____

Phone Number: _____

I understand that by allowing the above authorized individual access to my Omni loan account information, I agree that the authorized individual will have access to my personally identifiable information. Omni has no responsibility or liability to verify the identity of the named authorized third-party. Omni further has no responsibility or liability for what my authorized third-party does with the information I am authorizing Omni to release to them.

Omni Customer Name (Print): _____

Omni Customer Signature: _____

Date of Authorization: _____

2) REVOCAION OF THIRD-PARTY AUTHORIZATION

As of the date indicated below, I hereby revoke the below named individuals’ access to my Omni loan account(s) information.

Name of Individual (Print): _____

Omni Customer Name (Print): _____

Omni Customer Signature: _____

Date of Revocation: _____

TO SUBMIT, UPLOAD THIS FORM TO YOUR OMNI ACCOUNT.