

Authorization & Mortgagee Clause Consent



First National Bank
of America

If you would like us to contact your insurance company to obtain your homeowner's insurance information on your behalf, please complete this form.

Borrower: _____ FNBA Account Number: _____
Please print your full name.

Co-Borrower: _____
Please print your full name.

I hereby authorize my insurance company, _____ to discuss and release any and all information relevant to my account with First National Bank of America, the insured property listed below, and First National Bank of America's mutual interest in the property.

Property Address: _____
Please print the insured property address.

Insurance Policy Number: _____ Insurance Phone Number: (____) _____

First National Bank of America has my permission to discuss and release any and all information until otherwise notified. First National Bank of America and the insurance company listed above will be held harmless for any liability that may arise from the disclosure of information between companies.

Note: If not already on file, please list First National Bank of America as the mortgagee on your insurance policy using the following address:

First National Bank of America
ISAOA Atima
P.O. Box 980
East Lansing, MI 48826

Borrower Signature: _____ Date: ____/____/____

Co-Borrower Signature: _____ Date: ____/____/____

Please return this form using one of the following methods:

Email: insurance@fnba.com

Fax: 517.336.8429

Mail: **First National Bank of America**
Insurance Department
P.O. Box 980
East Lansing, MI 48826

