Equity Xtractor Solutions Authorization form for Legal Representation

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

**To Whom It May Concern:**

**Claimant Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization Statement:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize **Equity Xtractor Solutions**, represented by Sam Henderson to act as my legal representative in all matters related to the recovery of surplus funds from the foreclosure sale of the property located at [Foreclosed Property Address]. This authorization includes, but is not limited to, the following:

* Filing and submitting claims for surplus funds.
* Communicating with courts, financial institutions, and any other relevant entities.
* Receiving and reviewing any pertinent documents.
* Negotiating on my behalf and making decisions that are necessary for the recovery of funds.

**Duration of Authorization:**

This authorization is valid from the date of signing until [Specify End Date or Event], unless revoked earlier in writing.

**Acknowledgment:**

I acknowledge that [Your Company Name] is acting as my agent for the specific purpose of recovering surplus funds and that they are authorized to take all legal and reasonable steps to this end.

**Liability Clause:**

I understand that **Equity Xtractor Solutions** is not providing legal advice and is not a law firm. Their role is limited to the scope of services outlined in this letter.

**Claimant's Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Representative’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Name: Sam Henderson

Title: **Equity Recovery Analyst**

**Instructions:**

* The claimant should read and understand the terms of this authorization before signing.
* Ensure all information is accurate and complete.