



## MCAP Broker Consent Form

***This form authorizes MCAP Service Corporation to release confidential mortgage information to my broker: Dan Grant and / or his assistants.***

**Note:** This authorization is valid until cancellation has been received in writing. A separate form is required to cancel a previous authorization.

The purpose of this form is (please check one)

- To **authorize** a mortgage broker to utilize this information for mortgage consultation or refinancing purposes or
- To cancel the existing authorization of the mortgage broker identified below

## Mortgage Client Information

Client name(s): \_\_\_\_\_

Client address: \_\_\_\_\_

\_\_\_\_\_

Mortgage number: \_\_\_\_\_

## Mortgage Broker Identification

Broker name: Dan Grant  
Office address: Box 86037, 2106 33 Ave SW  
Calgary, AB. T2T 1Z6

Telephone #: 403.590.9982

## Authorization

\_\_\_\_\_  
Client signature                      Date                      Telephone number

\_\_\_\_\_  
Client signature                      Date                      Telephone number

**Note:** This form will not be accepted unless it is signed by the mortgage client.