



Choose Draft Day: 1st 2nd 3rd 4th 5th

ACH Authorization Form

6th 7th 8th 9th 10th 11th 12th 13th 14th 15th

Call (888) 833-4082 to confirm the draft date and fax the completed form to (714) 905-5632

Loan Number: _____

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize AmWest Funding Corp. (*THE COMPANY*) to initiate entries to my (our) Checking/Savings accounts at the financial institution listed below (*THE FINANCIAL INSTITUTION*), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until AmWest Funding is notified by me (us) in writing to cancel it in such time as to afford AmWest Funding and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of U.S. Financial Institution – *Your Bank*

Address of Financial Institution – *Branch, City, State, and Zip Code*

Borrower's Signature

Date

Co-Borrower's Signature

Date

Borrower's Name – *Please Print*

Borrower's Name – *Please Print*

Property Address – *Please Print*

Regular payment: \$ _____

Regular payment plus additional principal: \$ _____ Additional \$ _____

Financial Institution Routing Number: _____

Checking or Savings Account Number: _____


Routing Number Account Number

Please provide a voided check for checking account withdrawals