



Escrow Authorization Form

Loan Number: _____

Borrower Name(s): _____

Property address: _____

By signing below, I/We agree and authorize Amwest Funding Corp. to establish and collect a monthly escrow payment which will be in addition to my contracted principal and interest payment to pay for property taxes, hazard insurance and (if required) flood insurance.

Borrower Signature

Date

Co-Borrower Signature

Date

Please mail this form to:

AmWest Funding Corp.
6 Pointe Drive
Suite 300
Brea, CA 92821