



## 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 150  
Brea, CA 92821