



## THIRD PARTY AUTHORIZATION FORM

Please complete this form in its entirety. To protect the privacy of our customers, AmWest Funding requires written consent from the borrower to discuss any non-public information regarding any existing or prior serviced loan.

Loan Number: \_\_\_\_\_  
Borrower Name: \_\_\_\_\_ Co-Borrower: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Authorized Party or Organization: \_\_\_\_\_

Relationship:  Relative  Realtor  Counseling Agency  Attorney  Other

Authorized Party Address: \_\_\_\_\_  
Authorized Party Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Authorized Party E-Mail Address: \_\_\_\_\_

*If the Authorized Party listed on this form is the result of a Power of Attorney, Order of Guardianship, Executor or Administrator of an Estate, documents evidencing this must be attached to this form when submitted.*

I hereby authorize the above-referenced individual(s) to obtain information regarding my mortgage loan identified above. AmWest Funding will take reasonable steps to verify the identity of the Authorized Party, including request of additional identifying information, but will have no responsibility or liability to verify the true identity of the Authorized Party.

This authorization should remain effective until (mm/dd/yyyy) \_\_\_\_\_, unless otherwise revoked in writing. If an effective date is not provided, authorization will remain for the life of the loan.

Signature(s): \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_  
Borrower  
\_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_  
Co-Borrower

I, \_\_\_\_\_ hereby accept my appointment as the Authorized Party by the above Borrower(s), and in that capacity agree to be bound by all the terms and conditions that govern the account.

Authorized Party Signature: \_\_\_\_\_

Send the completed form to:

**AmWest Funding Corp.**  
**6 Pointe Drive, Suite 150**  
**Brea, CA 92821**