



Escrow Account Cancellation Form

Loan Number: _____

Borrower Name(s): _____

Property address: _____

Please print and complete the entire form. You will be notified in writing of our decision, and the required amount to pay the negative escrow balance, if any.

By signing below, I/We agree and authorize Amwest Funding Corp. to cancel the monthly escrow account that was established to pay our property taxes and/or hazard insurance.

I/We understand that we are now responsible to pay all future property tax and insurance premiums to avoid lapse in coverage and delinquent taxes.

Borrower Signature

Date

Co-Borrower Signature

Date

Please mail this form to:

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