



AmWest Funding Corp.  
 6 Pointe Drive, Suite 300  
 Brea, CA 92821  
 Company NMLS ID 167441

# Automatic Payment (ACH) Authorization Form

Please complete and sign this form and provide a copy of a voided check. Your request can be submitted through email or fax to ACHRequest@Amwestfunding.com or (714) 912-8267.

## Borrower Information

**Loan Number:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Borrower Name:** \_\_\_\_\_

**Co-Borrower Name:** \_\_\_\_\_

## U.S. Financial Institution Information

Please select one draft day

1st
  2nd
  3rd
  4th
  5th
  6th
  7th
  8th
  9th
  10th

**Note:** Your automatic payment may only be debited in U.S. Dollars from a U.S. Financial Institution

Please select Account Type:

Checking
  Savings

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Additional Principal (Optional):** \_\_\_\_\_

Please provide a copy of a voided check for Checking Accounts, or a Bank Statement for Savings Accounts. The check or bank statement must list your name as an authorized signer. Your Bank Account information can be found at the bottom of your check.

⑆	1 2 3 4 5 6 7 8 9	⑆	1 2 3 4 5 6 7 8 9 0 1 2 3	⑈
	<i>Routing Number</i>		<i>Account Number</i>	

I (we) hereby authorize AmWest Funding Corp to initiate a debit from my (our) Checking/Savings account noted above in the amount of my (our) monthly mortgage payment. If the required payment changes for any reason, this authorization will be automatically amended to authorize a debit in the amount equal to the new required payment plus any optional additional principal indicated above. The authorization to initiate a debit from your account will remain in full force and effect until AmWest Funding Corp receives a written notice from you of its termination at least 7 days prior to the next scheduled draft date, or in such manner and time frame as to afford AmWest Funding Corp reasonable opportunity to act upon it.

By signing this form, I (We) acknowledge and agree that should the servicing of my (our) loan be transferred to a different servicer at any point in the future, this ACH Authorization Form may automatically transfer to the new servicer, who may continue to debit payments from my (our) Checking/Savings account. I (We) understand that I (we) will not be required to take any action to ensure that payments continue to me made via ACH with any new servicer.

**Please continue to make your scheduled monthly payments until you receive confirmation that your payments will be made automatically.**

**Borrower Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Borrower Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_