



77 W. LAS TUNAS DR., SUITE 102
ARCADIA CALIFORNIA 91007
TEL: (626) 321.9708 | FAX: (626) 321.9709

Name of Escrow Officer: Sharon Wu

Date: _____

Property: _____

Borrower's name: _____

Borrower's name: _____

BORROWER'S AUTHORIZATION

In order for us to obtain statements of account from your existing lender(s) or homeowner's association, please provide us with the following information on your accounts. We must have accurate and complete information on your accounts, as some take up to 30 days to return our request. Please fill out and return this form as soon as possible.

Applicable Regulation requires authorization in writing from you before a lender can release any payoff information to an Escrow Holder. A delay in returning this signed and completed form could delay the close of this escrow.

FIRST TRUST DEED

Lender Name _____

Address _____

Loan Number _____

SECOND TRUST DEED

Lender Name _____

Address _____

Loan Number _____

FIRE INSURANCE INFORMATION

Company Name: _____

Phone Number _____

Address: _____

Policy Number _____

Our signatures below are to be considered instructions for obtaining statements; to comply with the instructions of the above named companies; and our authorization to pay from funds due us at the close of escrow said companies' fees, including, but not limited to: Statement Fees, Transfer Fees, Late Fees, Prepayment Penalties, Impound Account Shortages without our further approval.

Please Provide Your Forwarding Address below, so funds or documents may be sent to you after close of escrow.

Effective Date: _____

BORROWER :

_____ Social Security Number: _____

_____ Social Security Number: _____