



AUTHORIZATION FOR IMPOUND

Loan Number: _____

Name(s): _____

Property address: _____

I/We, the undersigned, authorize Rushmore Loan Management Services 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:

Rushmore Loan Management Services
P.O. Box 52708
Irvine, CA 92619-2708