



IMPOUND ACCOUNT CANCELLATION REQUEST FORM

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.

Loan Number: _____

Name(s): _____

Property address: _____

I/We, the undersigned, authorize Rushmore Loan Management Services to cancel the monthly escrow account that was established to pay our hazard insurance and/or property taxes. 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:

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