

ESCROW ACCOUNT SET UP FORM

MORTGAGE LOAN NUMBER			
BORROWER'S FULL NAME		CO-BORROWER'S FULL NAME	
SET UP ESCROW FOR (CHECK ALL THAT APPLY):	НА	ZARD INSURANCE	REAL ESTATE TAXES
If Requesting to Escrow Insurance:		If Requesting t	o Escrow Taxes:
please provide a copy of your current insurance bill with proof of payment for the year. Please be advised we are unable to pay monthly installments.		please provide a copy of your current tax bill and the paid receipt(s) for the most recent tax installment(s) to all applicable Taxing Authorities.	
Please Note: If any tax or insurance bills are due wire escrow will be denied until evidence of payment for			,
By signing below, you are requesting New An loan for the item(s) checked above.	meric	an Funding to se	et up an escrow account on your
BORROWER'S SIGNATURE			DATE
CO-BORROWER'S SIGNATURE			DATE
Return this request form signed by all borrowers to	New	American Funding	ı at:
Fax:	+1 ((800) 880-0639	
Email:	NAF.Escrow@nafinc.com		
Mail:	New American Funding		

LAST MODIFIED: APRIL 2023

P.O. Box 170581

Austin, TX 78717-0031