

BARRINGTON BANK
 & TRUST COMPANY, N.A.
 A WINTRUST COMMUNITY BANK



ELECTRONIC FUNDS TRANSFER (“EFT”) AUTHORIZATION

CUSTOMER INFORMATION	FINANCIAL INSTITUTION INFORMATION
Loan Number:	Financial Institution name:
Customer Name:	Address:
Street Address:	Name(s) On Withdrawing Account:
City:	Financial Institution Acct. No:
State:	Financial Institution Routing No:
Zip:	Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/>

Payment Amount: \$ _____ **Payment Date:** _____

Generally, the Payment Date is the first day of each month. Please refer to your promissory note/ loan documents for information regarding any grace period and when late fees are assessed.

Additional Principal: \$ _____ (not required)

OR

Additional Escrow: \$ _____ (not required)

*****Please refer to the reverse side of this agreement for important disclosure information, including how to cancel this EFT Authorization.**

Important Disclosure Information

- You can cancel or change automatic payments by:
E-mailing us at: loanservicing@wintrust.com **OR**
Sending a letter to: Wintrust 9700 W. Higgins Road, Suite 300, Rosemont, IL 60018
- Requests for changes or cancellations must be made **three (3)** days in advance of the scheduled payment date.
- You agree to have money in your account to cover the payment. If not, we may charge a fee plus a late charge and you are still liable for the payment, according to your promissory note/loan documents.
- If your loan is delinquent, we may suspend automatic payments, and you will have to make your payments directly to us.
- If you, a co-borrower, or anyone on the title to the property that secures the loan files for bankruptcy, we will cancel your EFT Authorization upon receiving notice of the bankruptcy filing.
- We may change terms or fees or cancel the EFT Authorization at any time and without notice unless such notice is required by applicable law.
- I understand that my Payment Amount may vary with changes in escrow or principal and interest portions, and if this occurs, we shall will send a notice ten (10) calendar days prior to the date of the EFT. I agree that such notice shall only be required if the EFT exceeds the Payment Amount indicated in this EFT Authorization.

By signing below: (i) I acknowledge that I have read this EFT Authorization and agree to its terms; (ii) I authorize the bank, its successors, assigns or transferees to automatically deduct from my checking or savings account indicated above in the amount shown in the Payment Section; and (iii) I acknowledge and confirm that I am an authorized signer on the bank account from which I am making payment.

Signature: _____ Date: _____

Signature: _____ Date _____

*** Before you pay off your loan, please contact Wintrust Mortgage Loan Servicing at (866) 718-7899 to remove the EFT Authorization.



Wintrust Mortgage is a division of Barrington Bank & Trust Company, N.A., Wintrust