BARRINGTON BANK

& TRUST COMPANY, N.A.*

AWINTRUST 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, Zip:	Financial Institution Routing No:			
Payment Section:				
Payment Amount: \$	Payment Date:			
Generally, the Payment Date is the first day of each month.				
information regarding any grace period and when late fees a	re assessed.			
Additional Principal: \$(r	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 [call? + write?]
- Requests for changes or cancellations must be made three days in advance of the scheduled Payment Date.
- You agree to have money in your account to cover the payment as required under your loan document. If not, we may charge a fee plus a late charge and you are still liable for the payment, according to your promissory note.
- If your loan is delinquent, we can 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, Wintrust Bank shall send a notice 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 Wintrust Bank to automatically deduct from my checking or savings account indicated above the amount indicated under Payment Section; and (iii) I acknowledge and confirm that I am an authorized signer on the bank account from which I am making payment.

Borrower:		Date:	
Account holder:		Date:	

Please attached a voided check to process the EFT Authorization. Before you pay off your loan, please contact Barrington Bank & Trust Company, N.A., at (888) 941-5172 to remove the EFT Authorization.

