

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 account number:
State, ZIP code:	Financial institution routing number:

PAYMENT SECTION

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)

IMPORTANT DISCLOSURE INFORMATION

- You can cancel or change automatic payments by:
 - Emailing us at: service@communityadvantage.com or
 - Sending a letter to: Wintrust Community Advantage, 201 S. Hough St., Barrington, IL 60010
- Requests for changes or cancellations must be made ten (10) 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.
- 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.

By signing below: (i) I acknowledge that I have read this EFT Authorization and agree to its terms; (ii) I authorize the bank 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.

Borrower: _____ Date: _____

Account holder: _____ Date: _____

Please attach a voided check to process the EFT Authorization. For payoff information, please contact Wintrust Community Advantage at 847-304-5940.