



FIRST PAYMENT LETTER

DEAR CUSTOMER,

IN THE EVENT THAT YOU DO NOT RECEIVE YOUR STATEMENT BEFORE YOUR FIRST PAYMENT IS DUE, PLEASE SEND THIS LETTER WITH YOUR CHECK OR MONEY ORDER.

YOU HAVE BEEN ADVISED IF YOU SHOULD RECEIVE AN INSURANCE OR TAX BILL THAT YOU ARE REQUIRED TO PROVIDE THIS COPY TO THE BANK FOR PAYMENT FROM YOUR ESCROW ACCOUNT (FAX TO 630-628-0266)

ACCOUNT # _____

MONTHLY PAYMENT (PRINCIPAL AND INTEREST) _____

MONTHLY ESTIMATED ESCROW PAYMENT _____

TOTAL MONTHLY PAYMENT _____

DUE DATE – PAYMENT IS DUE 30 DAYS FROM THE DATE OF CONTRACT

DUE DATE _____

PLEASE MAIL TO :

OXFORD BANK & TRUST
1111 W. 22ND STREET SUITE 800
OAK BROOK, IL 60523
ATTN: JOHN GILLIE

BORROWER SIGNATURE _____

CO-BORROWER SIGNATURE _____