



## Maryland Loan Repayment Programs

### Lender Verification Form

**(To be completed by EACH LENDER. MAKE AS MANY COPIES OF THIS FORM AS NECESSARY.)**

Participant Name: \_\_\_\_\_

I authorize my lender, \_\_\_\_\_, to provide the information requested by the Maryland Health Department to help facilitate my Maryland Loan Repayment Programs award.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

### THIS SECTION TO BE COMPLETED BY THE LENDER/LOAN SERVICER

#### I. Applicant and Loan Account Detail

\_\_\_\_\_  
Name of Loan Holder

\_\_\_\_\_  
Account Number

This loan is a:  Private loan  Federal loan  Other \_\_\_\_\_

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Outstanding Principle                      Outstanding Interest                      Total Outstanding Balance

This loan is:  Current  In Default

Has this loan ever been in default?  Yes  No If YES, when: \_\_\_\_\_

**II. Lender Institution Detail**

\_\_\_\_\_  
Name of lender to whom payments will be made

\_\_\_\_\_  
Lender Employer Identification Number (See lender W-9)

Mailing Address for Payment (See lender W-9):

\_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lender Phone Number: \_\_\_\_\_

Lender would like to receive payment via:

- Electronic Payment/ Direct Deposit (Preferred method):** Lender must complete and submit the [State of Maryland ACH/Direct Deposit Authorization Form](#) to [GADCSC@marylandtaxes.gov](mailto:GADCSC@marylandtaxes.gov), if not done so previously.

Bank Account Number Confirmation: xxxxxxxx \_\_\_\_ \_

Special instructions or notes: \_\_\_\_\_  
\_\_\_\_\_

- Paper Check** (Will be sent to W-9 address on-file with State of Maryland)

**III. Lender Contact**

Title of Lender Official: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the program participant for submission to the Maryland Department of Health.

Questions can be directed to:  
Maryland Department of Health  
Office of Health Care Access and Workforce Development  
201 West Preston Street  
Baltimore, MD 21201  
[mdh.loanrepaymentprograms@maryland.gov](mailto:mdh.loanrepaymentprograms@maryland.gov)  
(410) 767-6123