



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 In Deferment

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 W-9)

Mailing Address for Payment: _____

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, if not done so previously.

Bank Account Number Confirmation: xxxxxxxx ____ _

Special instructions or notes: _____

- Paper Check**

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 Workforce Development
201 West Preston Street
Baltimore, MD 21201
mdh.loanrepaymentprograms@maryland.gov
(410) 767-6123