

EFT Authorization

To be completed by all students receiving loans

Student Name: _____

Student SSN: _____

I hereby authorize the following loans to be dispersed electronically via EFT for initial and subsequent loan periods to the account of the Karol Marcinkowski University of Medical Sciences in Poznan:

FFEL Federal Stafford Subsidized Loan:

Signature

Date

FFEL Federal Stafford Un-Subsidized Loan:

Signature

Date

TERI ISLP Private Loan:

Signature

Date