



DIRECT LOAN DISBURSEMENT

Caribbean Medical University

Caribbean Campus: WTC Piscadera Bay, Curacao, Netherlands Antilles • Phone: (5999) 463-6453 • Fax (5999) 463-6452

Financial Aid Office: MedOne Academic Services • 29 L Atlantic Avenue, Suite 104, Ocean View, DE 19970

Phone: (888) 877-4268 • Fax: (302) 397-2092 • Email: info@cmumed.org • Web: http://www.cmumed.org

Please fill out the form to have your loan disbursement funds transferred directly to checking or saving account. Please fill out this form completely, sign and fax it or mail it to the CMU's Financial Aid Department.

STUDENT INFORMATION

Name: _____ Student ID: _____

Last Name *First Name* *Middle Name*

Address: _____ ()

Number and street or rural route *Apt. No.* *Phone Number*

City or Town *State* *Zip Code* *Country*

DEPOSITORY INSTITUTION

Name of Institution: _____

Account Holder(s): 1. _____

Last Name *First Name*

2. _____

Last Name *First Name*

ACCOUNT TYPE	
Checking Account	<input type="checkbox"/>
Savings Account	<input type="checkbox"/>

Account Information

Routing Number:

Account Number:

Authorization

I authorize and instruct the Financial Aid Department of Caribbean Medical University to deposit my loan disbursement funds, which have been approved by a lending institution, directly into the account at the depository financial institution designated in the section above, less any balance due to the school. Caribbean Medical University is not responsible for any withdrawals from the designated account. I understand that this authorization is to remain in full force and effect until the Financial Aid Department has received a notice of any changes to this instruction, as specified below.

I agree to immediately notify the Financial Aid Department in writing if I am removed from the designated account at the Financial Institution or the designated account is closed for any reason. I agree that if I am removed from the designated account provided in the section above, I must notify Financial Aid Department in writing of the changes at least 10 business days before the next scheduled transfer. In the event that such notification is not provided and scheduled funds are deposited in the aforementioned account, I absolve Caribbean Medical University from any liability of recovering the deposited funds.

Student's Signature: _____

Date: ____ / ____ / ____