**DSRIP Statewide Investment Behavioral Health Workforce Development Program**

**PAYMENT INFORMATION FORM**

The information requested on this form is required to make payment and will need to be verified. To comply with Privacy Act of 1974 all information collected here is necessary and required to transmit electronic and other payments. Failure to provide information may lead to delay or prevent receipt of payments.

Borrower Name                    (Program Applicant)

 *Last First Middle*

Home Address

Home Telephone (   )    -

Social Security Number    -  -

Name of Loan Institution

Address of Loan Institution

Telephone (   )    -

Fax number (   )    -

Web address

Loan account number

### Loan payment mailing address if different then institutional address above

Loan monthly or other payment dates

Dollar amount due for scheduled payments

Is pre-payment allowed without penalty? [ ] Yes [ ]  No