



THE UNIVERSITY OF UTAH

H-23 Final Right to Cancel Disclosure Form

RIGHT TO CANCEL

You have a right to cancel this transaction, without penalty, by midnight on _____. No funds will be disbursed to you or to your school until after this time. You may cancel by calling us at 801-581-6211.

Borrower Name: _____

Borrower Address: _____

City: _____ St: _____ Zip: _____

Loan Rates & Estimated Total Costs – Medical Pool Loan Program

Total Loan Amount	Interest Rate	Interest Charge	Total of Payments
The total amount you are borrowing.	Your current interest rate.	The estimated dollar amount the credit will cost you.	The estimated amount you have paid when you have made all payments.

ITEMIZATION OF AMOUNT FINANCED

Amount paid to you	
Lender Fee to make the loan (Originator Fee)	
Total Amount Financed	

ABOUT YOUR INTEREST RATE

- Based on the current interest rate, your estimated annual percentage rate (APR), which is the cost of your loan as a yearly rate, is _____%.

OTHER FEES

- Late Charge** – A late charge of \$5.00 for each late payment will be assessed on any payment received after the due date.
- Return Check Charge** -- \$20.00

Estimated Repayment Schedule & Terms

LOAN TERM	MONTHLY PAYMENTS AT 5% INTEREST RATE	# of Payments	ESTIMATED TOTAL AMOUNT OF PAYMENTS

REFERENCE NOTES

Bankruptcy Limitations:

If you file for bankruptcy you may still be required to pay back this loan.

Prepayments:

If you pay off early, you will not have to pay a penalty. You will not be entitled to a refund of part of the finance charge. See your contract documents for any additional information about non-payment, default, and required repayment in full before the scheduled date, and prepayment refunds and penalties.