## H-23 Final Right to Cancel Disclosure Form

RIGHT TO CANCEL		Borrower Name:	
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 Address:	
		City: St: Zip:	
Loan Rates & Estimated Total Costs —Population Health Scholar Loan			
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ITEMIZATION OF AN	OTHER FE	EES	
Amount paid to you		Late Charge – A late charge of 6% for each late monthly payment will be assessed on any payment received after the due date.	
Administrative Fee to make the loan	• Ret	Return Check Charge \$20.00	
Total Amount of Loan			
Estimated Repayment Schedule & Terms			
REPAYMENT TERM	PAYMENT AMOUNT	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.