

Truth-in-Lending Statement

Account Number _____ Date _____

Name of Borrower _____

Address _____

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid if you make all the payments as scheduled.
\$ _____	\$ _____	\$ _____	\$ _____

See the promissory note for any additional information about nonpayment, default, and any required repayment in full before the scheduled date.

Your payment schedule will be:

Number of Payments	Amount of Payments	When Payments are Due
_____	_____	_____
_____	_____	_____
_____	_____	_____

Late Charge: If a payment is late, you may be charged _____

Repayment: If you pay off early, you will not have any penalty.

Itemization of the amount financed of \$

\$ _____ Amount given to you directly.

\$ _____ Amount paid to the institution on your behalf.

I have received a copy of this statement.

Signature of Student

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