

MEDICAL UNIVERSITY OF SILESIA

BANK DECLARATION FORM

Student's name (print): _____

Student's permanent address: _____

I authorize the deposit of any credit balance due me from either personal funds, or Federal Direct Loan funds to be deposited in the following bank account which bears my name:

Bank name: _____

Bank street address: _____

Account#: _____

Swift Code: _____

Routing number (not required if the swift code is known): _____

Student's signature

date