



PAYROLL ADVANCE FORM

Client Name: _____

Client No. _____

FOR EMPLOYEE: FILL IN APPROPRIATE BLANKS AND THEN SIGN AND DATE AT THE BOTTOM.

Employee name: _____
Please Print Name

Social Security No. _____ - _____ - _____

I HEREBY ACKNOWLEDGE THAT MY EMPLOYER IS GIVING ME A PAYROLL ADVANCE IN THE AMOUNT OF \$ _____ ON THIS DATE _____.

I AGREE TO REPAY THIS AMOUNT IN ONE LUMP SUM FROM MY NEXT PAYROLL CHECK OR IN PAYMENTS AS DESCRIBED BELOW:

TOTAL PAID	AMOUNT PER PAY PERIOD	START DATE	TOTAL DUE (If Applicable)
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Upon the conclusion of my employment relationship, I authorize my employer to deduct from my final paycheck any unpaid balance I owe. Also, I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment to me by debiting my account to the extent of such overpayment.

 Signature of Employee

 Date