



EMPLOYEE ADVANCE AGREEMENT

EMPLOYEE INFORMATION (Complete all fields.)

Employee Name:	First	Middle	Last	Last 4 Digits of Soc. Sec. No.:
Date of Advance:	Client Company Name:			Client No.:

I, _____, request an advance payment of \$_____ on my wages/salary payable on the payroll date of _____. I understand that I am eligible for no more than two emergency payroll advances per calendar year and that the amount requested shall not exceed 60% of my earnings to date for the current month. If this request is approved, I would like to receive this advance by physical check / direct deposit (circle one).

By signing this form, I authorize Employer Flexible to make deductions from my paycheck to repay this advance through either: 1) one payroll deduction to be made from wages/salary payable the first pay period immediately following the pay period from which this advance is made or: 2) from ____ equal deductions from the next _____ pay periods immediately following the pay period from which this advance is made.

I also agree that if I terminate employment prior to total repayment of this advance, I authorize the Employer Flexible to deduct any unpaid advance amount from any wages/salary owed me at the time of termination of employment.

Approved by:

Employee Signature

Date

Supervisor/Manager

Date

Human Resources Manager/Director

Date

Payroll Entry

Date