



Employer Flexible

EMPLOYEE ADVANCE AGREEMENT

EMPLOYER INFORMATION (Complete all fields)

Employee Name: First:	Middle:	Last:	Last 4 Digits of Social Security Number:
Date of Advance:	Do you Agree? Yes No	Client Number:	

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.

By signing this form, I authorize Employer Flexible to make deductions from my pay check 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

Human Resources Manager/ Director

Date

Payroll Entry

Date