

COMPTROLLER'S OFFICE

EMPLOYEE LOAN/PAYROLL ADVANCE REPAYMENT FORM

Personal Information

Employee's Name (Full):	Department:
Date of Appointment:	Payroll Number:
Work Location:	Work Telephone:

Loan Information

Amount Financed:\$	Annual Interest Rate: %
Monthly Payments:\$	Total Payments:\$
Starting Date of Payments:	Last date of Payments:

Third party guarantee required YES / NO

I promise to pay the sum of _____ US dollars (\$_____) in consecutive monthly payments of \$_____ each, beginning on _____, and around the same time of each subsequent month until paid in full.

I hereby authorize a payroll deduction of \$_____ per month for _____ months commencing with the next regular paycheck in which it can be scheduled.

In the event I am separated from university employment, I hereby agree and authorize the University to declare the outstanding balance of the loan immediately due and payable, and I agree and authorize the University to recover such balance from any sum due to me by the University upon my separation from university employment.

Employee Signature: _____ **Date:** _____

Comptroller's Signature: _____ **Date:** _____

NOTE :If a third party guarantee is required a duly stamped promissory note should be attached to the original copy that is submitted to the Comptroller's Office.

Distribution of copies:

Original	- Comptroller's Office
First copy	- Human Resources Department
Second copy	- Department concerned
Third copy	- Employee concerned