

ACCESSIBLE HEALTHCARE SOLUTIONS

PAYROLL ADVANCE REQUEST AND DEDUCTION FORM Form E-64

Employee Name Printed		Employee Social Security Number	
<p>I request a payroll advance of \$_____. I understand that I will be charged an administrative fee of \$_____ to process this request.</p> <p>I authorize a payroll deduction of \$_____ to be taken from my paycheck on _____. If sufficient wages, net of all mandatory deductions, is not available to repay the advance and administrative fee on that date, the maximum amount possible will be deducted for repayment and will continue to be deducted from subsequent paychecks until the advance is repaid. In the event that I should terminate employment with Accessible Healthcare Solutions prior to repayment of the entire advance, I fully understand that any unpaid balance will then become immediately due and payable to Accessible Healthcare Solutions.</p>			
Employee Signature		Date Signed	
Employee Direct Supervisor		Employee Work Location	
DO NOT WRITE BELOW THIS LINE – FOR PAYROLL USE ONLY			
Hire date:	Write Ups:	Weekly Hours:	Weekly Wages:
Approved Amount:		Notes:	
Signature (Payroll Representative)/Date			
This form must be signed by the employee and the person authorizing the advance.			
Date disbursed:		Check Number:	
Date Paid in Full: _____			