

## COMPTROLLER'S OFFICE

### EMPLOYEE LOAN/PAYROLL ADVANCE REPAYMENT FORM

***Personal Information***

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

***Loan Information***

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

**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         |