

Employee Advance Agreement



Please fill out the following.

Client Name: _____

Employee Name: _____

Employee Name: _____

Advance Amount: _____

Date: _____

Date of Advance Payback to Start: _____

Amount Per Pay Period: _____

I, _____ agree that the amount stated above will be withheld from my payroll check from MatrixOneSource per pay period. Should my employment with MatrixOneSource, and or the client company, _____ for any reason I understand that the balance will be withheld from my last check.

Employee Signature: _____ Date: _____

Client Signature: _____ Date: _____