



EMERGENCY LOAN APPLICATION

EMPLOYEE INFORMATION			
Date Requested:		UST ID Number:	
Employee Name:		Phone Number:	
Address:		Amount Requested:	
PAYROLL DEDUCTION AUTHORIZATION			
I authorize the University of St. Thomas to deduct \$ _____ from my paycheck for the purpose of repaying the loan.			
AGREEMENT			
<p>Payroll deductions will take effect the first paycheck following issuance of the loan. This loan is interest free and must be repaid within twelve (12) pay periods from the time of issuance.</p> <p>If your employment terminates prior to full repayment of the loan, the remaining balance will be deducted from your final paycheck.</p> <p>If you do not meet the terms of this agreement, you will be responsible for all collection expenses and/or reasonable attorney's fees the University incurs in its attempt to collect the debt.</p> <p><i>I have read and understand the terms of this agreement.</i></p> <p>_____</p> <p>Employee Signature Date</p>			
HUMAN RESOURCES ONLY			
Approval:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
HR Signature:			
Date forwarded to AP & Payroll:			
Comments:			

Accounts Payable charge to: 125050-100-00000-00000-00000