

# Employee Loan Application

For

Coastal Plain Area EOA, Inc. Personnel

Fax#: 229-245-7885 (Send Loans to this fax only)

Name: \_\_\_\_\_

Amount Requested:

\$ _____
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Mailing Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
County

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Employee #: \_\_\_\_\_

Workplace: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Have you received an employee loan before? Yes  No

If yes, please enter the date when loan was received \_\_\_\_\_

Would you like to:  have my check mailed  pick my check up: phone# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====

Loan Officer Signature:

\_\_\_\_\_  
Gloria Raines

\_\_\_\_\_  
Date

Approving Authority:

\_\_\_\_\_  
Bruni Hudson, Finance Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patricia Smith, Executive Director

\_\_\_\_\_  
Date

# PAYROLL DEDUCTION FORM

I \_\_\_\_\_ **HEREBY AGREE TO THE**  
**Print your Name**  
**PAYROLL DEDUCTIONS FROM MY BI-WEEKLY WAGES UNTIL**  
**MY EMPLOYEE LOAN, THROUGH COASTAL PLAIN AREA**  
**EOA, INC. IN THE AMOUNT OF \$ \_\_\_\_\_, HAS BEEN PAID**  
(Total Loan Amount+ \$10)  
**OFF.**

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

<b>Deduction Start Date</b>	<b>Pay Period ending Date</b>	<b>Amount</b>
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$

**Coastal Plain Area  
Economic Opportunity Authority, Inc. (CPAEOA)  
Employee Loan Agreement**

I hereby agree to the terms and conditions of the Employee Loan Fund program. I further agree to adhere to all regulations set forth by this agreement.

**Item:**

1. A payroll deduction form must be signed to process loan.
2. The maximum loan amount will not exceed \$250.00.
3. Employee Loan Funds can only be obtained when prior loan is paid in full.
4. Employee Loan will have to be repaid within 3 month.
5. Payroll deduction will begin immediately following the loan payment.
6. A \$10.00 administration fee is added to the total loan amount.
7. If employee leaves or is terminated before loan is paid off, outstanding loan balance will be deducted from employee's final payroll check. If final check is not sufficient to pay the loan in full, employee will be required to pay the balance within 15 days of separation. If not paid within this time, legal action will be taken.
8. The loan is only available to full-time employees with six (6) months employment with the Agency.
9. The Employee Loan process can take up to 10 working days. If check is not received after the 10<sup>th</sup> day please notify the Benefits Specialist.
10. Head Start employee will have to repay employee loan within the summer earned pay periods.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Name