



Progressive[®]
MICROFINANCE
GROUP
Expanding Opportunities

PMG Salary Deduction Form

DATE: _____

PURPOSE OF LOAN: _____

EMPLOYEE AUTHORIZATION FOR SALARY DEDUCTION

I _____ (hereinafter referred to as "the Employee") of
_____ in the parish of _____ (hereby
irrevocably authorize _____ (hereinafter referred to as "The
Employer"), to deduct from my salary/wages of _____
_____ (\$ _____)

being the weekly/ fortnightly/ monthly sum to be paid over to **Progressive Microfinance Group Limited**.

This deduction shall be made over a period of _____ (months), effective the _____ day of
_____ 20____ and ends _____ day of _____ 20____.

In the event of my death or my ceasing to be employed by the "The Employer" before the loan is
repaid. I authorize _____ to utilize any
"The Employer"

monies whatsoever due and payable to me inclusive of unpaid salary and/or wages to pay all or any
sum due from me to Progressive. These instructions cannot be altered in any way, except for
cancellation upon written instructions by Progressive Microfinance Group Limited. Please note that if
the installment amount that is to be paid is not paid in full then the outstanding amount will attract a
late fee that the "the Employer" will deduct automatically from your next pay cycle.

Signature

EMPLOYER AGREEMENT

I _____ am authorized on behalf of _____

"The Employer"

_____ to certify and undertake the following: That the applicant _____ is permanently employed to this company for a period of _____ years and his/her net earnings will exceed this loan payment when he/she receives his/her pay on the _____ day of each _____. That The Employer shall deduct from the applicant's earnings the sum of \$ _____ on the _____ day of each _____ and payment shall be remitted to **Progressive Microfinance Group Limited** by the _____ day of the week/ fortnight/ month.

I agree that the deductions may only be cancelled upon written instructions from **Progressive Micro-Finance Group Limited**. In the event of termination of employment I accept the authorization of the employee to deduct any amount outstanding in full and pay over to Progressive Microfinance Group Limited.

Name

Title

Date

Authorized Signature of Employer

Company Stamp

PROGRESSIVE MICRO-FINANCE GROUP LTD.

Bank: First Global Bank(Duke Street)

Loan Account Number: 1050400

Transit Number: 99089