



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 on the _____ day of each _____ the sum
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____.

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.

Signature of Employee/Applicant

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 aforesaid deductions may only be cancelled upon written instructions from to Progressive **Microfinance 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

FOR PMG OFFICIAL USE ONLY

Loan Account Type:

Loan Account Number:

Loan Applicant's Full Name: