



1560 Broadway, Suite 701
New York, NY 10036
818.848.6022

Loan-out
Start/Close Form

As an authorized officer of the above-stated loan-out, I certify that, to the best of my knowledge and belief, the above-stated information concerning the loan-out is true, correct, and complete. By signing this form, I authorize the employer, or its service or payroll provider, to take deductions from my earnings (regardless of payment method) to adjust previous overpayments if and when said overpayments may occur.

Date

Date _____

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