



Unit #9, Gateway Professional Center || 157 Constant Spring Road, Kingston 8  
Flow: 876-925-7733, 876-755-2941 & 876-925-2080 || Digicel: 876-618-5482, 876-618-7482  
WhatsApp: 876-540-4313 & 876-826-3199 || [info@anloanhub.co](mailto:info@anloanhub.co), [www.anloanhub.co](http://www.anloanhub.co)

**PROMISSORY NOTE & SALARY DEDUCTION AUTHORIZATION**

FOR VALUE RECEIVED \$ \_\_\_\_\_ I \_\_\_\_\_ (hereafter called The Borrower) by this Promissory Note HEREBY IT UNCONDITIONALLY PROMISE TO PAY to or to the order **A & N LOAN HUB LIMITED** of 157 constant spring road Kingston 8 (hereafter called The Lender), as required here under the sum of \_\_\_\_\_ payable in \_\_\_\_\_, commencing \_\_\_\_\_ until the total debt and any related charges are liquidated.

As further security for the repayment of my indebtedness, I hereby authorize and instruct \_\_\_\_\_ (hereafter called The Employer), who agrees to deduct \_\_\_\_\_ from my monthly salary and any amounts due to me for remittance to **A & N LOAN HUB LIMITED** as follows:

- Cheque Made Payable to: **A&N Loan Hub Limited**
- Deposit to: **NCB Account No. 214393417, Oxford Branch, BNS Account No. 000601625, Branch Oxford**

I further instruct \_\_\_\_\_ in the event of termination or death, to pay over to **A & N LOAN HUB LIMITED** any outstanding balance owed by me, from proceeds from salary payments and./or savings due to me, excluding pension proceeds.

**This agreement cannot be altered or revoked without the written consent of an authorized signatory of A & N LOAN HUB LIMITED.**

This agreement supersedes any prior oral or written agreement.

**Borrower's Signature**

\_\_\_\_\_

Date: January 25, 2022

I (Payroll Manager/accountant) of \_\_\_\_\_ promise to deduct the sum of \_\_\_\_\_ from the salary of \_\_\_\_\_ as follows: for \_\_\_\_\_ salary deduction is to commence on: \_\_\_\_\_

It should be clearly noted that THE EMPLOYER is not responsible and shall not be deemed liable for any indebted incurred by THE BORROWER.

I confirm that **A & N LOAN HUB LIMITED** will receive payment on or before each Monthly pay period of each month.

\_\_\_\_\_

\_\_\_\_\_

Name: Payroll Manager/Accountant

Signature/Payroll Manager

Company Seal