Date: [Insert Date]

To:

[Employee's Name]

[Employee's Address]

[City, State, Zip]

**Subject: Agreement for Repayment of Debt and Consent for Payroll Deductions**

Dear [Employee's Name],

This letter serves as a formal agreement between you and [Organization Name] concerning the repayment of the debt totaling $XXX, which you owe to the company due to [insert reason for debt].

Following your proposal and in mutual agreement, it has been decided that the outstanding amount will be repaid in installments. Here are the details of the repayment plan:

* Installment Amount: $XXX
* Frequency: [Insert frequency, e.g., every two weeks]
* Start Date: [Insert Start Date]
* Method of Payment: Payments should be made via [Insert Preferred Payment Method, e.g., bank transfer, check, etc.] to [organization name]. [If electronic payments are preferred, include necessary account details here.]

Additionally, you have consented to have the remaining balance of your final pay, totaling $XXX, applied towards the reduction of your debt to [Organization Name]. This deduction is in compliance with our mutual understanding and adheres to the legal standards governing employment and payroll practices.

Final Pay Deduction:

* Total Debt Owed: $XXX
* Final Pay Deduction: $XXX
* Balance Post Final Pay Deduction: $XXX (to be covered by the installment payments as agreed above)

Please return a signed copy of this letter to the HR department by [Insert Return Deadline]. If you have any questions or require further clarification, do not hesitate to contact me directly.

Thank you for your prompt attention to this matter and for your cooperation in resolving this issue.

Best Regards,

[Your Name]

[Your Position]

[organization name]

[Your Contact Information]

**Acknowledgment and Consent:**

By signing below, I acknowledge my debt of $XXX to [Organization Name] and consent to the repayment terms as described in this letter. I agree to the payroll deduction of $XXX from my final pay and to the installment payment plan for the balance owed.

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

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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