



AUTHORIZATION FOR PAYROLL DEDUCTION - ADVANCE

I, _____ (*employee name*), received a \$ _____
(*amount*) advance in pay on _____ (*date of advance*). I do hereby give my approval for Fronteer
Professional Services, Inc. to do an advance deduction on the next payroll in that amount of \$ _____
(*amount*).

Signature

Date

For Office Use Only

Company ID: _____

Employee #: _____

SUBMIT YOUR COMPLETED AUTHORIZATION FORM TO:

Fronteer Professional Services, Inc. • 4007 State Street • PO Box 1315 • Bismarck, ND 58502

T: (701) 258-9848 • F: (701) 258-1011 • E: customerservice@fppayroll.com

W: www.fppayroll.com