



AUTHORIZATION FOR PAYROLL DEDUCTION: STOP PAYMENT

I, _____ (*employee name*), do hereby give my approval for Fronteer Professional Services to deduct \$35.00 from my next paycheck to cover costs incurred for the stop payment and reissue of my paycheck dated _____ (date of paycheck).

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@fspayroll.com

W: www.fspayroll.com