



AUTHORIZATION FOR PAYROLL DEDUCTION - ADVANCE

I, _____ (*employee name*), am a current employee of _____ (*employer name*) and I received a \$ _____ (*amount*) advance in pay on _____ (*date of advance*). I do hereby give my approval for Fronteer Professional Services, Inc. to begin deducting \$ _____ (*amount*) from my paycheck for a total of _____ (*number of pay periods*) pay periods until the entire amount of the advance has been collected. If my employment is terminated before the advance has been repaid in full, I give my written authorization to allow Fronteer Professional Services to collect the remaining balance in full from my final paycheck.

Signature

Date

SUBMIT YOUR COMPLETED AUTHORIZATION FORM TO:

Fronteer Professional Services, Inc. • 1838 E Interstate Ave Ste B • PO Box 1315 • Bismarck, ND 58502
T: (701) 258-9848 • F: (701) 258-1011 • E: customerservice@fspayroll.com
W: www.fspayroll.com

For Office Use Only

Company ID: _____

Employee #: _____