



## 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. • 1838 E Interstate Ave Ste B • PO Box 1315 • Bismarck, ND 58502

T: (701) 258-9848 • F: (701) 258-1011 • E: [customerservice@fspayroll.com](mailto:customerservice@fspayroll.com)

W: [www.fspayroll.com](http://www.fspayroll.com)