

**Advance Authorization Form**

915 Mistletoe Lane, Redding, CA 96002 Phone (530) 223-4674 Fax (530) 223-6342

Employee Name:**Company Name:****Advance Amount: \$****Deduction Start Date:****Should this advance be recaptured 100% next pay period? YES NO****If Not 100%. This advance should be recaptured in payments of: \$ per pay period****Mail/Pick Up Instruction(s):**

I agree to have the amount indicated above deducted from each of my paychecks until the advance amount is paid in full. Should my employment terminate before the advance is recaptured I authorize Teamwork HR to deduct the total owed at that time. Should my advance be greater than my paycheck, I agree to pay the entire balance of my advance in full within 30 days of my termination.

Employee Signature:**Date:****Supervisor's Signature:****Date:**