



Payroll Deduction Authorization

Advance

Employee Name: _____

I, _____, hereby authorize So Cal Dental Partners to deduct from my paycheck, amounts stated below at the increments indicated. In the event of termination of employment, for any reason, the entire amount due becomes payable and will be deducted from my final paycheck.

Employee	Division	Advance Amount
		\$
	Total	\$

Date of deduction: _____

Employee Signature

Date

Office Manager Signature

Date

Date received by Corporate Office _____

Processed by _____