

*ADVANTAGE PERSONNEL, INC.*

11224 BOARDWALK, STE E1-1  
BATON ROUGE, LA 70816-8345

**CHECK AUTHORIZATION FORM**

PLEASE PRINT

I, \_\_\_\_\_, authorize  
(Print your name)

\_\_\_\_\_ to pick up my  
payroll check effective on this date \_\_\_\_\_. I understand  
that I must notify Advantage Personnel **in writing** should this authorization  
change. Furthermore, Advantage Personnel, Inc. is not responsible or liable for  
any problems that may arise in conjunction with this authorization.

**PLEASE RETURN COMPLETED DOCUMENT BY FAX (225-273-8909),  
MAIL, OR THRU DROP SLOT IN FRONT DOOR.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advantage Personnel Representative