



Cash Advance Deduction Authorization

I hereby authorize Trigon Staff Administrators, Inc., TSA to deduct \$_____ from my next paycheck(s) until the amount of \$_____ is reached.

(Employee Signature)

(Date)

(Employee's Printed Name)

(Supervisor's Signature)

(Date)

Company Name

Please mail or fax immediately to:

Trigon Staff Administrators, Inc.
1010 East Jefferson Street
Phoenix, Arizona 85034
Phone: 602-358-0300
Fax: 602-358-0303

TSA Use Only

Client Name: _____ Date Processed: _____ Initials: _____