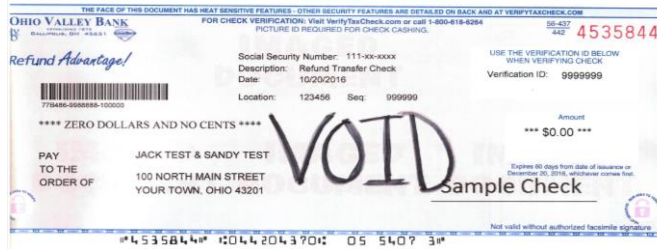


Fax the original voided checks with this form to (877) 559-0558

DATE: _____ EFIN: _____ CSR: _____

OFFICE NAME: _____ ERO: _____

Write "VOID" across the face of ALL reported checks and ALL print attempts, including plain paper and blank check stock (see example below). This form must be signed and faxed with all reported checks and print attempts for reissue.



TAXPAYER SSN: _____ - _____ - _____ AMOUNT: \$ _____

Reported Check Number (s): 1. _____ 2. _____ 3. _____ 4. _____

Check one of the following as the reason for reissue:

- The 24 hour window to print has expired
- The 4 attempts to print the check were used
- The check is expired
- The check was lost by the ERO (if lost by the taxpayer, please fill out the Indemnification Bond Form)
- The check was previously verified
- The fees need to be updated*
- The product type needs to be changed*
- The future disbursement needs to be changed*
- The name/address need to be changed to the following (Picture ID required) *

Name _____

Street Address _____

City _____ State _____ Zip _____

Other _____

***An updated and signed bank application MUST also be submitted.**

I hereby certify that the ORIGINAL check(s) listed above are either (1) in my possession and have been marked void or (2) whose destruction has been witnessed by myself. I understand that as per the ERO agreement, I may be held responsible for losses that result from the distribution of duplicate or unauthorized checks.

ERO SIGNATURE (Required): _____

OFFICE USE ONLY

Completed by: _____ **Date:** _____