



# Check Print Request Form

EFIN #: \_\_\_\_\_

Requested By: \_\_\_\_\_

### Taxpayer Information

Name \_\_\_\_\_

Name \_\_\_\_\_

SSN# \_\_\_\_\_

SSN # \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

SSN# \_\_\_\_\_

SSN # \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

SSN# \_\_\_\_\_

SSN # \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

SSN# \_\_\_\_\_

SSN # \_\_\_\_\_

Check Amount \$ \_\_\_\_\_


Check Amount \$ \_\_\_\_\_

**ERO Name** \_\_\_\_\_ **ERO Signature:** \_\_\_\_\_

**Use this form if:** Check is damaged, check has been misprinted or check needs to be reprinted and you do not have an authorization. **VOID THE CHECK** and send the original check along with this completed form to either the fax number or email listed at the bottom of this form.

**The form will be processed within 24 hours of receipt, and we will resend the authorization within one business hour after processing.**

*NOTE: BY SIGNING THIS FORM, THE ERO IS RESPONSIBLE FOR ANY DUPLICATE CHECK(S) PRINTED FOR THE ABOVE-NAMED TAXPAYERS. PLEASE REFER TO THE EPS FINANCIAL 2017 E-COLLECT, E-BONUS, OR E-ADVANCE PROGRAM AGREEMENT FOR MORE DETAILS.*

 **Fax to: 484-546-2998 or Email to: [Forms@EPSFinancial.net](mailto:Forms@EPSFinancial.net)**