Lost Check Affidavit & Indemnification Agreement

To Be Completed by Tax Preparer:	
EFIN:	Check #:
Tax Preparer's Name:	
Business Name:	
Primary Taxpayer's Name:	SSN:
Spouse's Name (if joint return):	SSN:
Was lost check endorsed? **Y or N** (circle one)	
Reason for requesting check replacement:	
☐ Tax Preparer Prints or	☐ EPS Prints
	Mail to ☐ Tax Preparer Address or ☐ Taxpayer Address

To Be Completed by Taxpayer(s):

In consideration of a new check being issued through EPS Financial, LLC ("EPS") to replace check number _____ in the amount of $_____, issued on _____, which was not received or has been lost, mislaid, stolen, destroyed, or misappropriated, and which original check was not endorsed by the undersigned, and which original check or the obligation evidenced thereby has not been sold, transferred, or assigned, the undersigned agrees, at all times hereafter to save, defend, hold harmless and indemnify EPS and its successors and assigns from and against any and all claims of whatever nature related in any way to the presentation, collection or attempted collection of the original check, and from all costs and expenses with respect thereto, including but not limited to, attorney's fees to the extent allowed by law.

Primary Taxpayer's Signature:	Date:
Spouse's Signature* *(if joint return)*:	Date:
Tax Preparer's Name:	Date:
Tax Preparer's Signature:	Date:

Both taxpayers must sign if this was a joint return.

ATTENTION: Have you attached the following REQUIRED DOCUMENTS?

☐ PHOTO ID ☐ PROOF OF ADDRESS *(FOR ADDRESS CHANGES)*

PLEASE REFER TO THE ATTACHED PAGE FOR MORE DETAIL…

Fax To: 484-546-2997 or Email To: Forms@EPSFinancial.net