



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 fax the original check along with this completed form to 484.546.2998 and we will resend the authorization number within one business hour.

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 2015 E-COLLECT AND/OR E-BONUS PROGRAM AGREEMENT FOR MORE DETAILS.



Fax To: **484-546-2998** or Email To: Forms@EPSFinancial.net