



T - C H E K™

## CHECK ACTION REQUEST FORM

Business Name or Payee Name: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Contact Method Email/Telephone

Telephone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Location/Site ID (if applicable): \_\_\_\_\_ Check Number: \_\_\_\_\_

Amount of Check: \_\_\_\_\_ Money/Express Code: \_\_\_\_\_

Select type of request:

What type of check:

- Void Request     
  Re-issue Request     
  EFS Check     
  T-Chek Draft

If your check has already been **RETURNED** by the bank our customer service team is able to submit this information on your behalf. Please call the number on the check.

**PLEASE NOTE:** If you do not have the physical check or legal copy, there is a required waiting period of 30 days before checks can be voided.

### If the check requested is NOT older than 30 days and/or you have the physical check:

Mail form and the physical check or *legal* check copy to:

EFS Check Clear  
 1104 Country Hills Dr, Suite 600  
 Ogden, UT 84403

Your request will be reviewed 7-10 business days after receipt of the check and form

### If the check requested is older than 30 days, or you do not have the physical check:

Email the form to [efs.checks@wexinc.com](mailto:efs.checks@wexinc.com).

Your request will be reviewed within 7-10 business days.

**NOTE:** This form is not required for T-Chek Drafts if the draft is over 30 days old! Please call the number on the draft to have it voided or re-issued.

I hereby confirm that the above referenced check is made payable (1) to me personally or (2) to an entity of which I am currently an owner, employee or agent and for which I have authority to take this action. I understand and agree that in reliance upon the representations made by me, EFS will void the above listed check and that the check will no longer be a negotiable instrument and cannot be deposited. I AGREE THAT EFS SHALL NOT BE LIABLE FOR ANY SPECIAL, INCIDENTAL, OR INDIRECT DAMAGES, INCLUDING ANY LOST PROFITS, OR ECONOMIC CONSEQUENTIAL DAMAGES ARISING OUT OF THE INABILITY TO ACCESS THE AMOUNT OF THE ABOVE CHECK. I understand that this check has been authorized and is considered guaranteed funds. **IF THE CHECK IS PRESENTED, I (OR THE ENTITY FOR WHICH I AM ACTING) WILL BE HELD RESPONSIBLE FOR ANY FINANCIAL CHARGES AND/OR FEES.**

Signature

Date