



Corrected Check Request Form

Use this form to correct any information printed on the check.

EFIN:	ERO Name:
Taxpayer's Name:	SSN:
Spouse's Name:	SSN:
Incorrect Information on the original check:	
Corrected Information to be printed on the new check:	
Taxpayer's Signature:	Date:
Spouse's Signature:	Date:
ERO's Signature:	Date:

NOTE: AT EPS FINANCIAL, LLC'S DISCRETION, A CORRECTED CHECK WILL BE PRINTED. ALL CORRECTED CHECKS ARE SUBJECT TO APPROVAL. ONCE APPROVED, THE CHECK(S) WILL BE EITHER PRINTED AT THE TAX PREPARER'S OFFICE OR AT EPS FINANCIAL, LLC AND MAILED TO TAXPAYER UNLESS OTHERWISE INSTRUCTED.



ATTENTION: Have you attached the following REQUIRED DOCUMENTS?

- COPY OF VOIDED CHECK PHOTO ID
- SOCIAL SECURITY CARD (FOR NAME CHANGES)
- PROOF OF ADDRESS (FOR ADDRESS CHANGES)

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