

Stale Check Form

Date:	EFIN:
Taxpayer's Name:	Taxpayer's SSN:
Spouse's Name:	Spouse's SSN:
Printing Instruction: <input type="checkbox"/> Tax Preparer Prints	OR <input type="checkbox"/> EPS Prints, and Mail to: <input type="checkbox"/> ERO Address <input type="checkbox"/> Taxpayer Address
Primary Taxpayer's Signature:	Date:
*Spouse's Signature (if joint return):	Date:
Tax Preparer's Name:	
Tax Preparer's Signature:	Date:

****Both taxpayers must sign if this was a joint return.***

In consideration of a new check being issued through EPS Financial, LLC ("EPS") to replace check number _____ in the amount of \$ _____, issued on _____, which has since expired 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.

Note: Please be aware that any prior year stale checks must be printed at EPS Financial.



ATTENTION: Have you attached the following REQUIRED DOCUMENTS?

"VOIDED" STALE CHECK

PHOTO ID and PROOF OF ADDRESS (IF EPS PRINTS AND TAXPAYER MOVED)

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