



CHECK VERIFICATION RESET FORM

REMINDER: By submitting this form, you are asking TPSC Financial to **RESET THE CHECK VERIFICATION.**

DATE:

EFIN:

LAST 4 OF SSN:

CHECK DATE:

TAXPAYER'S NAME:

CHECK AMOUNT:

CHECK NUMBER:

REASON FOR RESET:

DO NOT USE THIS FORM FOR CHECKS THAT ARE VOIDED, MISPRINTED, DAMAGED, INSTEAD USE THE "CHECK REISSUE FORM".

ATTENTION: DID YOU ATTACH THE FOLLOWING, REQUIRED DOCUMENTS?

- UNVOIDED check, detached from the stub
- VOIDED "LIVE" CHECK

EMAIL FORM AND ALL REQUIRED DOCUMENTS TO TPSCPROSUPPORT@TPSCPROSUPPORT.COM

ERO SIGNATURE:

DATE: