



## 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 "Live" check, detached from the stub
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EMAIL FORM AND ALL REQUIRED DOCUMENTS TO [TAXFORMS@PATHWARD.COM](mailto:TAXFORMS@PATHWARD.COM)

ERO SIGNATURE:

DATE: