



Business Name or Payee Name:

Email (optional):

Telephone Number:

Contact Name:

Location/Site ID (if applicable):

Check Number:

Amount of Check:

Money/Express Code:

What type of request:

What type of check:

Void Request Re-issue Request

Void Request Re-issue Request

Check details:

If the check requested is NOT older than 30 days and 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

Odgen, UT 84403

Your request will be reviewed 3-5 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.

Your request will be reviewed within 3-5 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.

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.

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: