

**2019
LOST CHECK AND
REPLACEMENT FORM**



M.A. Services
PO Box 587
Pittsford, NY 14534
P: 800.836.8100
F: 585.248.2488

EMPLOYEE INFORMATION (Please Print)													
Employer:													
Employee Name:		Employee SSN:											
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Address:	City:	State:	Zip:										

CHECK INFORMATION		
Original Check Number:	Check Date: ____ / ____ / ____	Amount: \$ _____
New Check Number:	Check Date: ____ / ____ / ____	Amount: \$ _____

SIGNATURE & AUTHORIZATION
<p>As a condition of my participation in the pre-tax Flex Plan for the above company, I agree to accept the above replacement check in substitution for the original check mailed to me as stated above. I agree not to cash the original check and will return that check to M.A. Services if it should ever reach me. I also agree to be liable for the cashing of that check by any party during the next 90 days.</p>
<p>Employee Signature: _____ Date: _____</p>
<p>Witness Signature: _____ Date: _____</p>

Please return this form to PO Box 587, Pittsford, NY 14534 or fax to 585.248.2488.