

EBS/ATLANTA

# FLEXIBLE SPENDING ACCOUNT CHECK REISSUE AGREEMENT

**PLEASE PROVIDE THE FOLLOWING INFORMATION AND  
RETURN TO EBS/ATLANTA BY FAX: 770-569-0211**

## CHECK INFORMATION

PAYEE \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER AND STREET

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

DATE OF TRANSACTION \_\_\_\_\_ DATE REQUESTED \_\_\_\_\_

**I CERTIFY THAT THE CHECK DESCRIBED ABOVE IS NOT IN MY POSSESSION AND THAT TO THE BEST OF MY KNOWLEDGE IT IS LOST OR DESTROYED. I FURTHER CERTIFY THAT I HAVE NOT ENDORSED, NEGOTIATED, OR TRANSFERRED THE CHECK AND THAT I HAVE RECEIVED NO PAYMENT UNDER IT. I REQUEST EBS/ATLANTA TO ISSUE A REPLACEMENT CHECK AND IN CONSIDERATION THEREOF, I AGREE THAT IF THE ORIGINAL CHECK IS LOCATED, I WILL NOT ENDORSE, NEGOTIATE, OR TRANSFER THE CHECK, BUT WILL PROMPTLY RETURN IT TO EBS/ATLANTA. SHOULD THERE BE A MISREPRESENTATION OR A BREACH BY ME OR ANY OF THE TERMS HEREOF, I AGREE TO REIMBURSE EBS/ATLANTA REASONAABLE ATTORNEY'S FEES TO INITIATE LEGAL AGAINST ME.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

EBS/ATLANTA

**EBS**

ATLANTA  
LOS ANGELES

2500 Northwinds Parkway, Suite 400

Phone: 800-647-3709

Fax: 770-569-0211

Email: flex@ebsatlanta.com

### FOR EBS/ATLANTA ADMINISTRATION USE

EMPLOYER CONTACT DATE \_\_\_\_\_

STOP PAYMENT DATE \_\_\_\_\_ REISSUE DATE \_\_\_\_\_

NON-REISSUE REASON \_\_\_\_\_

CHECK REQUEST DATE \_\_\_\_\_