

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>	
Employee Signature: _____	Date: _____
Witness Signature: _____	Date: _____

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