

**M A SERVICES
PO Box 587
PITTSFORD, NY 14534
1-800-836-8100
Fax 585-248-2488**

ACKNOWLEDGMENT OF LOST CHECK AND REPLACEMENT

NAME: _____

COMPANY: _____

ORIGINAL CHECK #: _____ **CHECK DATE:** _____ **AMOUNT:** _____

NEW CHECK #: _____ **CHECK DATE:** _____ **AMOUNT:** _____

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.

Signed: _____

Dated: _____

Witness: _____

Dated: _____