

e-Collect Corrected Check Request Form

Use this form to correct any information printed on the check.

EFIN: _____ ERO Name: _____

Taxpayer's Name: _____ SSN: _____

Spouse's Name: _____ SSN: _____

Incorrect Information on the original check:

Corrected Information to be printed on the new check:

Taxpayer's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

ERO's Signature: _____ Date: _____

NOTE: AT OUR SOLE DISCRETION A CORRECTED CHECK WILL BE PRINTED. ALL CORRECTED CHECKS ARE SUBJECT TO APPROVAL.

ATTENTION: HAVE YOU ATTACHED THE FOLLOWING REQUIRED DOCUMENTS?

☐ PHOTO ID ☐ SOCIAL SECURITY CARD ☐ PROOF OF ADDRESS (*FOR ADDRESS CHANGES*)

PLEASE REFER TO THE ATTACHED PAGE FOR MORE DETAIL...

Fax To: 484-546-2997 or Email To: Forms@epsfinancial.net