

CHECK CANCELLATION FORM

Step 1 Check Information

Check Number _____ Check Date _____
Payee _____ Amount _____
Customer Name _____ Customer ID _____

Step 2 Cancellation and Replacement of Check

Client Requesting Cancelled Check _____
Reason for Check Cancellation _____

Step 3 Select Check Reissue/Fee Options

Client Chooses To:

- Wait 60 days to re-issue check with no charge except check cancellation fee
- Client to advance employee the amount of net/Receive net credit 60 days from the date of ck
- Reissue check through Helm and invoice full burden/Receive full credit 60 days from date of ck

Reissued Ck #: _____ Helm W/E Date: _____

Charge Check Cancellation Fee To (If no selection is made, the client will automatically be charged):

- Charge fee to client
- Charge fee to marketing group
- Charge fee to employee (Be sure to keep authorization documentation on file when possible.) (When reissuing replacement check please sponsor - none)

Completed by: _____ Date: _____

****All credits will be done after 60 days when confirmed that the check has not cleared the bank. ****
****Checks cashed by a check cashing store will be reviewed for fraud and re-charged if validity is proven****