



Check Replacement Authorization

Employee: _____

Client: _____

I authorize eEmployers Solutions, Inc. to reissue the check _____ in the amount of \$ _____. I understand that by signing this I am also authorizing eEmployers Solutions, Inc. to charge the full amount plus any fees to my personal bank account if both checks are ever cashed. I understand that if at any time eEmployers Solutions, Inc. can not draft the amount from my bank, the balance owed to them is my responsibility. I also understand any balance owed will be turned over to the Attorney General's office for collection. I agree to a 2 business day hold on my check before it can be reissued. There will be a \$ 25.00 stop payment fee withheld from this check.

Personal Bank Name: _____

Bank Account Number: _____

Routing Number: _____

Employee Signature

Date