

## Check Reissue Form

(Current Year Checks Only)

Primary Taxpayer: \_\_\_\_\_ Customer ID/Last 4  
Digits of Taxpayer's SSN: \_\_\_\_\_

Secondary Taxpayer: \_\_\_\_\_

Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

**(Note: For Lost/Stolen Checks, Use Indemnity Bond)**

1. Reason for requesting Check Reissue:

Check damaged      Check negotiable date expired      Check did not print at Preparer's office

Check verified and not endorsed

Check amount too large to cash (split into):      2 Checks      3 Checks

2. Select the box indicating how you would like to receive your check:

Mail check to Taxpayer(s) address above

Send Authorization for the Tax Preparer to print

3. For **Tax Preparers**, you must witness each Taxpayer's signature, sign form and provide EFIN.

(NOTE: by signing form, Tax Preparers acknowledge being in possession of check being requested for reissue)

E-Mail the following items to: [tpg-supportcr@greendotcorp.com](mailto:tpg-supportcr@greendotcorp.com)

~ Copy of Unexpired government-issued picture ID (Driver's License, State ID Card, Passport, U.S. Military I.D.)

~ Copy of Social Security Card

~ All voided check copies (front and back)

4. For **Taxpayers**, if ERO is not signing the form, you must **E-MAIL** all the items listed above plus copy (front and back) of the **ORIGINAL CHECK** with "**VOID**" on face of check to: [tpg-supportcr@greendotcorp.com](mailto:tpg-supportcr@greendotcorp.com)

(NOTE: Request cannot be processed without **ALL** the requested documents)

By signing below, I do hereby attest that the completion of this form is an official request for a check reissue for the individual(s) noted above, and I am legally authorized to request the above noted change. I also understand and agree that my request is subject to verification by the Santa Barbara Tax Products Group, LLC of all information provided above.

**I understand that it may take 24 to 72 hours to process my request once all documents are received. I agree that TPG and its bank service provider will not be liable for any costs due to delays in processing this request.**

Primary Taxpayer Signature

(Print) First and Last Name

Date

Secondary Taxpayer Signature

(Print) First and Last Name

Date

EFIN Owner Signature

(Print) First and Last Name

EFIN#

Date