



24HOURFLEX CHECK RE-ISSUE REQUEST

To receive a replacement check from 24HourFlex, please complete the following steps:

1. Complete and sign this form. Enter your direct deposit information on your online account to avoid a check re-issue fee.*

*There is a \$25 check re-issue fee if you do not want to sign up for direct deposit at this time. There is no charge for this service, and the fee will be waived if you sign up before requesting the check re-issue.

2. Ensure that you are submitting your request for a check that was issued in the current plan year. Check re-issue requests must be received within the same plan year in which the original check was issued.
3. Submit this completed form via email, fax, or regular mail.

Email: info@24HourFlex.com

Fax: (303) 369-0003

Mailing Address: 24HourFlex Attn: Check Re-Issue
PO Box 3789
Littleton, CO 80161

Please complete the fields provided below.

Account Holders Name: _____ Date of request: _____

Address: _____ Phone number: _____

Check Number: _____ Amount: _____

Check Number: _____ Amount: _____

I am requesting that 24HourFlex issue a Stop Pay on the above check(s) because the check(s) were:

Never received Lost Stolen Other: _____

I agree not to cash this/these checks and will destroy this/these checks if received after I have requested re-issued replacements. I understand that there will be a \$25 check re-issue fee assessed if I do not sign up for direct deposit.

Signature: _____ Date: _____