

# Request To Cancel and Replace A Lost or Destroyed Check

## ***Request to VOID Check***

Attached is a form to complete and either fax or mail back to us. Upon receipt of the completed and signed form we will proceed with immediate cancellation of the check in question.

## ***Release of Replacement Funds***

Once the check in question is cancelled (voided) those funds will then be available at the next regularly scheduled process/payment date (generally each Friday).

## ***Expedite Replacement Funds/Future Payments***

For faster access to funds and to reduce/eliminate the risk of lost checks in the future, please sign up for payment by direct deposit into your bank or savings account of choice.

You can report banking information either by:

- Logging into your Tri-Star online account, selecting the Direct Deposit link and providing your banking information (updating immediately on your Tri-Star account), or
- Complete the form that is available on the Tri-Star web site. Go to [www.tri-starsystems.com](http://www.tri-starsystems.com) and select "My Account" to login to your account or click on the Participant tab, then "Forms" and select "Direct Deposit Request Form."

## ***Assistance***

**Participant Login, forms, planning tools, etc.: [www.tri-starsystems.com](http://www.tri-starsystems.com)**

Customer Service: 1.800.727.0182, option 1  
FAX: 1.800.818.0829

Tri-Star Systems  
ATTN: Claims Dept.  
16253 Swingley Ridge Road, Suite 210  
Chesterfield, MO 63017

# VOID CHECK REQUEST

**FROM: Name:**   
**Address:**   
**City/State/Zip:**

**ACCOUNT IDENTIFIER:** Provide *one* of the following (check one):

Social Security Number, OR   
 Tri-Star Account Number

**REQUEST TO VOID:** CHECK NUMBER: \_\_\_\_\_  
DATED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
IN THE AMOUNT OF: \$ \_\_\_\_\_

**SIGNATURE/AUTHORIZATION:** I certify the following (check the one that applies):

I did not receive the above referenced check.  
 I received the check referenced above but it has been lost or accidentally destroyed.

I further certify that if I, or my spouse, receive or find the above listed check at a later date, I/we will not cash, deposit, or otherwise transfer it and will return it to the Tri-Star address below. If the check, by any circumstance, is cashed or deposited I agree to immediately refund the check amount to Tri-Star and to pay all cost incurred by Tri-Star in recovering the amount. By completing, signing, and returning this form I certify the information contained herein is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN TO:** Tri-Star Systems  
ATTN: Claims Dept.  
16253 Swingley Ridge Road, Suite 210  
Chesterfield, MO 63017  
OR  
FAX NUMBER: **1.800.818.0829**

<b>FOR TRI-STAR USE ONLY:</b>
Verified Check Still Active: Yes / No (view system)
Inquiry of & Void Approved by: KA / ME
Check Void Date: ____/____/____ (your entry in system)
Invoice #: _____
By: _____