



## LOST CHECK AFFIDAVIT

Employee Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Thank you for contacting 121 Benefits. In order that we may process your request to reissue your reimbursement check, please read and sign the following:

By signing this agreement, I certify that I have not received or cashed the check referenced above. I also agree that I will not cash the original check should I receive it after signing this agreement.

Agreed and accepted:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Note: You may sign up to have all future reimbursements directly deposited into your personal banking account. To do so, you may add your banking information on our website [www.121benefits.com](http://www.121benefits.com) or complete a direct deposit form and mail or fax to 121 Benefits. A direct deposit form is located on our website.

**Return this form to:**

121 Benefits | 730 2nd Ave. S., Ste. 400 | 730 Building | Minneapolis, MN 55402

Fax: 612.877.4323 or Toll Free 844.855.5501

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