

Eide Bailly Employee Benefits
5601 Green Valley Drive Suite 710
Minneapolis, MN 55437-1145
Phone: 952-944-6633 1-800-300-1672
Fax: 952-918-3622
www.eidebaillybenefits.com



Lost Check Affidavit Form

Employee Name: _____

Employee ID Number: _____

Employer: _____

Date: _____

Check Number: _____

Check Date: _____

Check Amount: _____

Thank you for contacting Eide Bailly Employee 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 issued to me which is 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 this and all future disbursements directly deposited into your personal banking account. To do so, please also include a completed Direct Deposit Form, located at our website: www.eidebaillybenefits.com.