



Exclusive Home Care Services
1311 Kings Hwy Fl 2, Brooklyn, NY 11229
Phone: 718-559-0191
Fax: 718-676-4511

CHECK REISSUE REQUEST FORM

Name: _____ Caregiver Code: _____

Address: _____

Check Amt. \$ _____ Issued Date: _____ Check#: _____

I declare under penalty of perjury:

- The original check issued by Exclusive Home Care Services, as noted above, was not received nor was the check received and lost;
- I am requesting a stop payment of the original check and asking for a new check to be issued;
- This reissued check will NOT be mailed;
- Should I receive the original check, I will return it to Exclusive Home Care Services immediately; and
- I will not deposit or cash the original check.
- Should the original check be cashed, I understand that I will be held liable and agree to have the net amount of the original check withheld via payroll deduction.
- There shall be a charge withheld to void and reissue a check for personal reasons. My personal signature below is an authorization of the agreement, as noted above and I fully agree to abide by the contents of this agreement.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

* A re-issue of the check will be processed after confirmation from the business bank that the stop payment has been successfully processed. A new check will be re-issued within three (3) weeks.