

Eide Bailly Employee Benefits  
U.S. Bancorp Center  
800 Nicollet Mall, Suite 1350  
Minneapolis, MN 55402 - 7033  
Phone: 612.253.6633 | 1.800.300.1672  
Fax: 612.253.6622  
[www.eidebaillybenefits.com](http://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](http://www.eidebaillybenefits.com).