

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 Banking/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, select "Resources" and select "Direct Deposit Authorization."

Assistance

Participant Login: www.tri-starsystems.com

Customer Service: 1.800.727.0182, option 1
FAX: 1.800.818.0829

Tri-Star Systems
ATTN: Claims Dept.
16401 Swingley Ridge Rd, Suite 250
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.
16401 Swingley Ridge Rd, Suite 250
Chesterfield, MO 63017
OR
FAX NUMBER: **1.800.818.0829**

FOR TRI-STAR USE ONLY:

Verified Check Still Active: Yes / No (view system)
Inquiry of & Void Approved by: KA / ME
Check Void Date: ____/____/____ (your entry in system)
Invoice #: _____
By: _____