

# VENDOR REPLACEMENT CHECK REQUEST FORM

Please complete, sign and return via email to [RFMHAPPO@rfmh.org](mailto:RFMHAPPO@rfmh.org).  
Allow up to 10 business days for processing.

Payee Name: \_\_\_\_\_

Check#: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Is the mailing address correct?    Yes    No **If no, enter correct address in box below**

Street: _____
City: _____ State _____ Zip Code _____

---

By signing below, you are requesting a replacement of a vendor check. Please be advised that once this form is completed the original check is no longer valid. *RFMH will not be responsible for any fees associated with attempting to cash/deposit the original check.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

Or if payee is not available for signature the payee was made aware of the above statement and I, \_\_\_\_\_, am signing on their behalf.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

Vendors interesting in converting their payment method to ACH transmittal must also submit the [ACH Enrollment Request Form](#) in addition to the replacement form when requesting a payment reissue.

<b>RFMH Use Only</b>
New Check #:
Date of Check:
Entered By:

