



# Check Rehang Form

P.O. Box 386    
Irvington KY 40146

1-888-436-5347  
Fax 1-877-375-7361

Date: \_\_\_\_\_   EFD# \_\_\_\_\_

Business Name: \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

## Check Information

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Check Type: \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Check Date \_\_\_\_\_

Reason for Rehang:  Misprint   Damaged

Didn't Print

Other: \_\_\_\_\_

## Liability Statement

I acknowledge that a check for the above client is being reissued. I indemnify River City Bank from any loss the Bank incurs should this duplicate check and the original check clear the Bank with the Payee's endorsement/s.

EFD Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use ONLY

Date Rehung:

Initials:

Comments: