



POSI-PAY CHECK REPRINT

Company # _____ Company Name _____

Date _____ Contact _____

Posi-Pay Check's to Reprint

<u>Check #</u>	<u>Check Date</u>	<u>Employee Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please reprint the above Positive Pay checks that will be billed to our company for **\$5.00** per check plus delivery charges.

All reprints will be sent to the employer for distribution to the employee. Please Check One:

___Mail ___Courier ___FedEx

**** The original check(s) must be returned to Payday USA. In the event the check(s) is not returned to Payday USA, we cannot be held liable if the original check(s) is cashed.**

Authorized Signature _____ Date _____

PDI Use Only:	
Reprint Date: _____	Reprint Charge: _____
Billing Date: _____	Delivery Charge: _____
Delivery Date: _____	