

Indemnification Bond

Use for **UNENDORSED** Checks ONLY

Section 1: TO BE COMPLETED BY ERO OR TAX PREPARER

Primary Taxpayer Name: _____ SSN: _____
 Spouse (if Joint Return): _____ SSN: _____
 Original Check: Issue Date: ____/____/20____ Amount: _____ Check Number: _____
 Type of Product: Federal RT State RT Refund Advance Loan Other _____
 Check Status: Not Received by Taxpayer Lost by Taxpayer Stolen from Taxpayer Destroyed/Mutilated Expired
 EFIN / Location Number: _____ Name of ERO or Preparer Completing Bond: _____

Section 2: TO BE COMPLETED BY TAXPAYER(S) & WITNESSED BY ERO OR NOTARY PUBLIC

Taxpayer's Current Street Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone Number: (____) _____-____ Evening Phone Number: (____) _____-____

A check, as identified below, was previously issued to me (us) by Refund Advantage and one of its participating banks. I (we), the lawful owner(s) of this check, request that payment be stopped on this check and a replacement check be issued. I (we) certify under penalty of law that this check was not endorsed by me (either of us), nor has it been transferred, assigned, pledged, or delivered to any other person or entity whatsoever.

Date of Check _____ Amount of Check _____ Check Number _____

In consideration of a replacement check, I (we) hereby agree that should the original check be presented for payment by anyone whomsoever, I (we), jointly and severally, will hold Refund Advantage and the issuing bank harmless and will defend any action that may be brought by any holder of said original check. Further, I (we) will indemnify Refund Advantage and the issuing bank, including any successors or assigns, against any damage of any nature whatsoever that is sustained if said check has been so presented, including any losses, damages, judgments, costs, attorney's fees, and expenses of suits that may occur. These obligations shall bind the heirs, administrators, executors, and successors of all parties herein before mentioned.

I (WE) UNDERSTAND THAT A REPLACEMENT CHECK MAY NOT BE AVAILABLE FOR AT LEAST 10 BUSINESS DAYS FOLLOWING THE SUBMISSION OF THIS COMPLETED DOCUMENT TO REFUND ADVANTAGE.

Signed this _____ day of _____, 20____.
Day Month Year

 Signature of Primary Taxpayer **(Required)**

 WITNESS: ERO or Notary Signature **(Required)**

 Signature of Spouse **(Required if Joint Return)**

 WITNESS: ERO or Notary Signature **(Required if Joint)**

Section 3: SEND TO REFUND ADVANTAGE

- ▶ Include the following supporting documents:
 - Clear copy of government-issued photo identification for each taxpayer (must be valid and unexpired)
 - If address has changed since initial application, document with new address (examples: utility bill, bank statement, or lease)
- ▶ Send to Refund Advantage by one of the following methods:
 - Fax to (877) 559-0558
 - Secure upload through "Upload Documents" in the Customer Center at www.refund-advantage.com
 - E-mail to taxforms@metabank.com (Use only if necessary; this is not recommended for documents containing personal information.)

Section 4: NOTARY PUBLIC (if applicable)

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

 Signature of Notary Public

My commission expires _____

(SEAL)