



CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

Check Replacement and Bank Fee Reimbursement Form

Please use this form to request a replacement check or reimbursement for bank fees assessed to your account due to checks from Guarantee Insurance Company not being honored.

Return this form and all required supporting documentation to the Department of Financial Services, Division of Rehabilitation & Liquidation. Each submission will be independently reviewed and evaluated based on the required documentation as referenced below.

Required Documentation:
Check Replacement and Bank Fee Reimbursement Form
Copy of the check not honored
Copy of Bank Statement or Notice reflecting fees that were assessed
Email to: RehabEstateAccounting@Myfloridacfo.com or
Fax to: 850-413-3992

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check #	Check Amount	Payee	Fee Amount

Signature: _____ Date: _____