

Refund Authorization Form



Reissue Instructions for refund check.

Plan Name _____

Plan ID _____

If you do not know your plan ID Number, call Client Services at 866.634.5873.

Please note:

- Prior to completing, please make sure all monies have been received by Aspire.
- Please ensure that payroll has been updated to cease remittance for participant(s) whose monies are being fully refunded or until enrollment is confirmed by Aspire.
- There will be no tax reporting on this refund as these monies should be refunded through payroll with employer or forwarded to correct vendor for crediting.
- Form must be authorized below to process this request.

STEP 1 ORIGINAL CHECK INFORMATION

Original Check #

\$, .
Original Check Amount

--
Payroll Date (month | day | year)

Original Check #

\$, .
Original Check Amount

--
Payroll Date (month | day | year)

Original Check #

\$, .
Original Check Amount

--
Payroll Date (month | day | year)

STEP 2 REFUND INFORMATION

Reason for the return:

Participant Name	EE Cont.	ER Cont.	Total Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Refund Amount \$, .

STEP 3 PAYMENT INSTRUCTIONS

Make check payable to: (Must be School or TPA)
Send check to this Address:

Address _____

ATTN _____

Telephone Number _____

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

ADMINISTRATIVE USE ONLY

Authorized by:

Name _____

Title _____

Authorized Signature

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Date (month | day | year)

Email: contributions@aspireonline.com

Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST.