Request for Replacement Refund Check
Application to Void a Refund Check

This application must be complete and signed by the taxpayer or an authorized representative to be valid. Sign and send to the Tax Office by email or mail.

Humble ISD Tax Office
20200 Eastway Village Drive
Humble, TX 77338

Website: humbleisd.net/taxoffice
Email: tax.office@humbleisd.net
Phone #: 281-641-8190

Step 1. Refund check void requested by:

Name: _____ **Title:** _____

Company name (if applicable) _____

Telephone: _____ **Email:** _____

Step 2. Replacement check requested to be reissued as follows:

Name: _____

Address: _____

City: _____ **State:** _____ **Zipcode:** _____

**Supporting documentation will be required for request to change the refund name in Step 3 below.*

Step 3. Name as shown on outstanding check	Account Number	Check Number	Amount

**Attach a list if more than two checks are being requested.*

Step 4. Select one of the following:

- ☐ Mail replacement refund check to the above mailing address (in Step 2)
- ☐ Transfer this refund to account # _____ Tax year _____
- ☐ Transfer this refund to several accounts (please attach a list of accounts)

Certification

By signing below, I hereby certify that I am the person named above and that I am entitled to the replacement refund check requested. The information provided is true and correct. **I understand that by making false statement on this form, I shall be subject to penalties of perjury under the Texas Penal Code.**

_____ _____

Signature of Applicant** (Unsigned applications will not be processed)* ***Date