

Returned Check Fee Reimbursement Request

☐ 2016 Fall Product Program ☐ 2017 Cookie Program

Online Returned Check Reimbursement Request

<https://fs24.formsite.com/gsgcnwi2/form64/index.html>

Attach a copy of the returned check and support documentation to this form.

Upon receiving this form, Girl Scouts of Greater Chicago and Northwest Indiana (GCNWI) will review attached documentation. **Complete this form in its entirety to expedite reimbursement of bank fees.**

Keep a copy for your records.

Troop Number: _____ Service Unit: _____ Troop Leader: _____

Your Name: _____ Phone: _____

Address: _____

City, State, ZIP: _____

Email: _____

Please answer questions below to the best of your ability.

1. Is this check from a friend, family member, or someone you or a troop parent trust? Yes / No
2. If yes, please explain relationship. _____
3. Did you have any reason to believe this check would be returned? Yes / No
4. Does this check include a complete name, address, phone and driver's license number? Yes / No
5. Did you verify that the information preprinted on the check was current? Yes / No
6. Was this check deposited within 7-10 days of receipt? Yes / No
7. Did your troop account incur bank fees associated with this returned check? Yes / No
8. Date you received notice of this returned check from your troop's bank: ____ / ____ / ____
9. Amount of the returned check \$ _____
10. Amount of bank fees \$ _____

I have completed this *Returned Check Fee Reimbursement Request* form with true and correct information. I understand all documentation received will be used to attempt collection of bank fees and that I will receive reimbursement for bank fees from the council.

Applicant's Signature: _____ Date: ____ / ____ / ____

Attach original check or bank legal copy and return to GCNWI within 7 days of receipt.

Check fees over 90 days old will not be reimbursed by council.

Mailing address: Girl Scouts of Greater Chicago and Northwest Indiana
Joliet Gathering Place – Attention: Shari Millard
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Joliet, IL 60433