



Returned Check Reimbursement Form 8/18

****Please make copies of this form as needed.****

TROOP LEADERS MUST DEPOSIT CHECKS WITHIN 30 DAYS OF DATE ON CHECK

If you get a returned check, promptly attempt to communicate with check writer, if feasible. If attempt is not successful, or it is not feasible, council will take responsibility. Complete the steps listed below.

Checks dated more than 45 days prior to submitting this request will not be reimbursed.

To claim reimbursement for a customer check returned against your troop bank account:

1. Attach the original returned check(s) to this form. If an original is not attached no reimbursement can be made.
2. Attach the original, or a copy of, bank notification form. If the bank charges a returned check fee, you will be reimbursed for this as well.
3. Complete the information below and submit this form and all materials listed above to:
4. GSEIWI
Attn: Finance
940 Golden Valley Drive
Bettendorf IA 52722
5. Reimbursement will be made through an ACH transaction directly to Troop account.

Troop Number _____ Service Unit Number _____ Date _____

Name of person submitting form: _____ Phone: _____

Name of person writing check: _____

Address _____

City/State/Zip _____

Email Address _____

Day Phone (____) _____ Evening Phone (____) _____

Total Amount of Returned Check Enclosed	\$ _____
Total Bank Fees	\$ _____
Total Due Troop	\$ _____