



Returned Check Reimbursement Request

☐ 2025 Fall Product Program

2026 Cookie Program

Troop Number: _____

SU: _____

Troop Leader Name: _____

Phone: _____

Address: _____

City, State, ZIP: _____

Email: _____

Please answer the questions below to the best of your ability.

1. Is this check from a friend, family member, or someone you or a troop trust ____ **Yes/No** ____
2. If yes, please explain relationship. _____
3. Did you have reason to believe this check would be returned? ____ **Yes/No** ____
4. Is this returned check written in the amount of \$120 or less? ____ **Yes/No** ____
5. Does this check include a complete name, address phone and driver's license #? ____ **Yes/No** ____
6. Did you verify that the information preprinted on the check was current? ____ **Yes/No** ____
7. Was this check deposited within 7-10 days of receipt? ____ **Yes/No** ____
8. Date you received notice of this returned check from your troops bank: \$ _____
9. Amount of the returned check \$ _____
10. Amount of bank fees \$ _____
11. Total reimbursement requested

I have completed this Returned Check Reimbursement Request form with true and correct information. I understand all documentation received will be used to attempt collection and that full reimbursement is not guaranteed unless GSAK receives all requested information/documentation.

Troop Leader's Signature: _____ Date: _____

Complete this form in its entirety to expedite reimbursement via ACH to the troop bank account. Attach original check or bank legal copy, the troop's bank statement with the NSF fee and return to GSAK within 7 days of receipt. Checks over 90 days old will not be reimbursed by the Council.

Mailing Address: Girl Scouts of Alaska
Attn: Finance
2000 W. International Airport Rd. STE C-1
Anchorage, AK 99502