

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

This form is to be used for the reimbursement of:

- “service charge” fees incurred when account balance is below \$500 throughout the monthly cycle
- “cash deposit” fees
- “excessive deposit” fees

You may submit a request for reimbursement every month, every other month, or on an annual basis. Attach copies of each month’s bank statement showing fees charged. **Requests without bank statements will not be processed by the Finance Department.**

Please submit completed requests and statements to Customer Care at customercare@girlscoutssoaz.org

Troop Information

Authorized signer on account		Troop #	Role
Address	City	State	ZIP

Service Fees (CHECK ALL THAT APPLY)

JAN
 FEB
 MAR
 APR
 MAY
 JUN
 JUL
 AUG
 SEPT
 OCT
 NOV
 DEC

Total # of Months x \$10.00 = Total Monthly Service Fees

Cash Deposit Fees

FEE #1 <input type="text"/>	FEE #2 <input type="text"/>	FEE #3 <input type="text"/>	= <input type="text"/>	Total Cash Deposit Fees
DATE: _____	DATE: _____	DATE: _____		

Excessive Deposit Fees

FEE #1 <input type="text"/>	FEE #2 <input type="text"/>	FEE #3 <input type="text"/>	= <input type="text"/>	Total Excessive Deposit Fees
DATE: _____	DATE: _____	DATE: _____		

Reimbursement Total

(Please add all total fees here) Total Reimbursement

X _____
AUTHORIZED SIGNER SIGNATURE DATE

X _____
GIRL SCOUT COUNCIL STAFF SIGNATURE 10 9410 300 2000 9999 1903 DATE