NSF FORM
PRODUCT PROGRAM
ELECTRONIC REIMBURSEMENT

girl scouts
of western new york

The troop leader completes the form and emails the required documentation by the deadline date to their service unit product program manager.

- Copies of the NSF check are not accepted.
  - o The official bank check is required for collection processing and any troop reimbursement.
- Subtract the amount of the NSF check and any bank service fees from the amount due council.
- If you overpay the amount due council the value of the NSF check/bank service fee, complete the Electronic Reimbursement section at the bottom of the form.

Program (*check one*)   ☐ Cookie Program   ☐ Fall Product Program

Service Unit _____   **Troop#** _____   **Date** _____

NSF Check was from (*check one*)   ☐ Customer   ☐ Parent   ☐ Troop Volunteer

Name on Check   _____

Check Number   _____

Address   _____

City/State   _____ Zip _____

Phone # on Check   (home) _____

                                 (cell) _____

Driver License #   _____

What has been done to collect the money owed?

_____

_____

NSF CALCULATION

Check Amount $_____

Was there a bank service fee charged to the troop?   (   ) Yes   (   ) No

If yes, what was the amount of the bank service fee? $_____

Amount declared $_____

The following items must be attached:

- o NSF official bank check (required)
- o Troop bank statement showing service fee

If you receive any payment for the amount declared, email documentation to customercare@gswny.org.

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Electronic Reimbursement to Troop Bank Account
(A TROOP VOIDED CHECK IS REQUIRED FOR PROCESSING)

TROOP BANK NAME_____

TROOP BANK ROUTING NUMBER (9 digits) | | | | | | | | | |

TROOP BANK ACCOUNT NUMBER
| | | | | | | | | | | | | | | | | |

Form Completed By

Troop Leader _____   Home Phone_____

Address   _____   Cell Phone _____

City/State/Zip _____

Email Address _____

Girl Scouts of Western New York, Buffalo Service Center, 4433 Genesee Street, Suite 101, Buffalo, NY 14225