



GLOBAL CHECK RECOVERY

Returned Item Release Form

Troop's Bank Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____

To Whom It May Concern:

I/We hereby authorize and instruct you to mail all return items to:

Global Check Recovery
17 N.E. Skyline Dr.
Lee's Summit, MO 64086

This address and authorization applies only to return items and is to remain in effect until canceled in writing. Please forward these items after the first failure. Do Not Present Items a Second Time.

Routing Number: _____ Account Number: _____

Troop (Account Name): _____

Contact Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Date: _____

Signature: _____

IMPORTANT: Should you have any questions regarding this authorization, please don't hesitate to contact our customer service department at (866) 524-3339.

As confirmation, Banking Client please sign and fax this document back to us as (816) 524-3409.

Received by: _____ Date: _____

Thank you for your assistance.

Global Check Recovery