



# 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