



Request for Reimbursement of Fees for Credit Card/ACH Online Transactions

Today's Date: _____

Name: _____

Address: _____

Date of Transaction: _____

Last 4 digits of CC or Bank Account Used: _____

Amount of Transaction: \$ _____

Amount of Processing Fees Requested: \$ _____

****All fees associated with online transactions made as a result of COVID-19 face to face office closure will be reimbursed to the customer per the Selectmen of Waterville Valley, 3/16/2020**