



# ACH DEBIT AUTHORIZATION FORM

FOR

## Fall Products and Cookie Program

Revised

10-2-18

Complete and return to your Service Unit Products Manager or the Council Product Sales Department

ATTACH VOIDED TROOP CHECK HERE  
(OR COPY OF TROOP CHECK)

If a check is not available, please provide this information:

Name of bank: \_\_\_\_\_

Troop volunteer name and address on account: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number \_\_\_\_\_

This form is to be used by all GSCP2P troops to authorize Automated Clearing House (ACH) debit transactions during the Girl Scout Fall Product and/or Cookie Program. This authorization will remain in place until terminated in writing by an authorized troop signer.

### Troop acknowledges and agrees to:

- 1) GSCP2P will debit the troop bank account according to the instructions provided during training for the Girl Scout Fall Products & Cookie Program and/or on printed materials.
- 2) See printed or electronic materials for dates of withdrawals and specific withdrawal amounts.
- 3) Troop is responsible to deposit sufficient funds to cover ACH withdrawals, and troop will be responsible for any resulting non-sufficient funds (NSF) charges.
- 4) If depositing checks in troop account, troop will allow enough time for checks to clear PRIOR to ACH withdrawal. Check with your bank for clearing times.
- 5) Troop authorizes GSCP2P to repeat any debit that fails for any reason and make any adjustments to withdrawal amounts as council deems necessary.

Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_

Print names of persons authorized to sign and whose names are on the account:

|    |           |
|----|-----------|
| 1. | Position: |
| 2. | Position: |
| 3. | Position: |

— We participated in the 2018 Cookie Program, but our banking information has changed and our new account information is provided.

— We did not participate in the 2018 Cookie Program or the 2018 Fall Products Program.

Troop check/debit card #1 number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVS Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Troop check/debit card #2 number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVS Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signer in charge of the majority of the finances: \_\_\_\_\_ (in case of troop financial questions)

This authorization must be signed by an authorized check signer for the troop.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(electronic signatures not accepted)

Printed Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, NC Zip \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ E-mail Address \_\_\_\_\_