



ACH DEBIT AUTHORIZATION FORM

FOR

Fall Products and Cookie Program

Revised
4-22-2021

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 2021 Cookie Program, but our banking information has changed and our new account information is provided.

— We did not participate in the 2021 Cookie Program or the 2020 Fall 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 _____