

ACH DEBIT AUTHORIZATION FORM

Fall Product Program and Cookie Program

Complete and return this form to your Service Unit Product Specialist or the council's Product Program Team.

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 Program 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 Product Program and 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 the 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 the 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:

Check one:

- We participated in the 2023 Girl Scout Cookie Program, but our banking information has changed and our new account information is provided.
- We did not participate in the 2023 cookie program or the 2022 Fall Product Program.

Troop Check/Debit Card Information

Troop check/debit card number (card 1): _____

Exp. Date: _____ CVV Code: _____

Name on card: _____

Troop check/debit card number (card 2): _____

Exp. Date: _____ CVV Code: _____

Name on card: _____

Primary Signer

Person in charge of the majority of the finances:

_____ (*in case of troop financial questions*)

Signature

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: _____

**Return to:
GSCP2P, 303 Pisgah Church Road, Suite C, Greensboro, NC 27455
info@girlscoutsp2p.org**