



ACH Authorization Form

This form **MUST** be accompanied by a **Pre-Printed Voided Check**
(if changes have been made from previous year OR a new troop)

As an authorized signer on the financial institution account identified below, I authorize Girl Scouts of Greater South Texas to initiate electronic ACH transfers to debit the account identified below for financial transactions relating to the:

2016 Fall Product Program.

I understand the council will debit this account on **December 7 2016**. I agree to deposit sufficient funds into this account by **December 2, 2016** to cover the ACH debit. I understand the dollar amount of the debit withdrawal is dependent upon the amount of nut/candy and magazine items sold by the troop as detailed on the Troop Order Report. This form must be submitted to the service center nearest you by **November 28, 2016**.

2017 Cookie Program

I understand the council will debit this account on **February 8, 2017 for 40%** of everything picked up until February 4th including initial order. I agree to deposit sufficient funds into this account by **February 3, 2017**. The council will also debit this account on **March 6, 2017** for the remaining balance. I agree to deposit sufficient funds into this account by **March 3rd** to cover the ACH debit. This form must be submitted to the service center nearest you by **December 12, 2016**

I also authorize Girl Scouts of Greater South Texas to repeat any debit that fails for any reason, and understand the troop will be responsible for any insufficient funds bank fees. This authorization remains in effect until total payment for the 2015 Fall Product Program and 2016 Cookie Program has been received by Girl Scouts of Greater South Texas.

TROOP ACCOUNT INFORMATION

Troop # _____ Service Unit _____
Leader name _____ Treasurer name _____
Leader email _____ Treasurer email _____

FINANCIAL INSTITUTION INFORMATION:

Financial Institution Name _____
Address _____
City, State, & Zip _____
Account Type _____ Checking _____ Savings _____
Routing Number* (ABA) _____
Account Number* _____

Attach Pre-Printed Voided Check Here

I certify that I am the owner or joint owner of the account designated and am entitled to provide the above information.

Signature _____ Phone _____ Date _____
Print Name _____ E-mail _____

This information is confidential. This form will only be kept by the Girl Scouts of Greater South Texas Finance Department only