



## Bank Account and ACH Agreement

TO BE COMPLETED BY TROOP LEADER - PLEASE SUBMIT FORM ANNUALLY TO MEMBERSHIP SPECIALIST.

Return this form to Girl Scouts of Central Illinois (hereinafter called GSCI or Council) within two weeks of opening an account, or any time signers' change or the bank account information changes. Completed form should be returned to your Membership Specialist.

### Account Information

Troop# \_\_\_\_\_ Service Area \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ACH/Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account type must be checking. Set up the account with the title of Girl Scouts of Central Illinois, Troop# \_\_\_\_\_

### Girl Scout Finance Agreement

Girl Scout funds must be deposited in a non-interest-bearing account at a financial institution under the name of Girl Scouts of Central Illinois, Troop# \_\_\_\_\_ using Federal Tax Identification Number 37-0681529.

Two unrelated registered Girl Scout adults affiliated with the troop/group shall be authorized signers on the account, but only one signature shall be necessary to withdraw funds. **We understand this account is only for the purpose of Girl Scouts and is not for personal use.** Furthermore, we understand that GSCI will have access to all records pertaining to this account and the authority to close this account when in the best interest of the troop or Council. The Council will provide this Bank Account and ACH Agreement when opening or making changes to a Girl Scout account. Pertaining to ACH debits and credits, we hereby authorize GSCI to initiate debit and credit entries and, if necessary, correction and adjustment entries to the troop account at the financial institution listed.

ATTACH A VOIDED CHECK FOR THIS ACCOUNT.

By signing below, we agree to these terms and verify that we are registered Girl Scouts and authorized signers on the account listed above.

Date: _____	Date: _____
Signature _____	Signature _____
Print Name _____	Print Name _____
Address _____	Address _____
City, State, ZIP _____	City, State, ZIP _____
Phone ( _____ ) _____	Phone ( _____ ) _____
Email _____	Email _____

*Return this original form to the Council, retaining a copy for Girl Scout troop/group, bank records and annual review.*