

Direct Debit Authorization



Service Unit / Area: _____

Troop Number: _____

I, as an authorized signer on this troop account, acknowledge and agree to the following statements:

- Our troop may not participate in the Fall and/or Cookie Program until all participating girls are registered with GSUSA and this ACH Debit Authorization Form is processed by the Farthest North Girl Scout Council Staff.
- All troop payments must be paid by the date specified by Council.
- FNGSC will debit any monies owed for product ordered within the Girl Scout Product Programs according to the instructions provided by FNGSC.
- All product program funds will be deposited into the troop account to cover monies owed to Council and we agree to pay nonsufficient funds (NSF) banking fees should they occur.
- FNGSC may continue to process ACH debits until payment is made in full for monies owed to Council.
- An updated ACH Debit Authorization Form will be submitted to FNGSC within five (5) business days of any account changes.
- FNGSC reserves the right to seek the services of a collection agency and/or pursue legal action for any delinquent monies owed for product received.
- I certify that I am an authorized signer on this Depository Troop Bank Account.
- I understand this authorization is in effect until the troop account is closed or signers change.

Authorized Signer

Full Legal Name: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Cell Phone: _____ Email: _____

Signature: _____

Troop Bank Account Information

Bank Name: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Routing Number: _____ Account Number: _____