ACH Authorization Form

After you have been approved by GSGMS and opened your Troop/SU bank account, complete this form and submit using our secure fax number or mail to the address listed. 601.326.7640 – email amiller@gsgms.org – 1471 W County Line Road, Jackson, MS 39213

This form is to be used by all GSGMS troops/service units to authorize Automated Clearing House (ACH) transactions during the Girl Scout Fall Product Program and/or Cookie Program. This authorization will remain in effect until terminated in writing by an authorized troop signer.

Troop # ____________________ Service Unit Name ____________________

Troop/SU acknowledges:

☐ They may not participate in GSGMS’s product sale programs until the ACH Authorization is received by council.
☐ GSGMS will debit troop bank accounts according to the instructions provided during training for the Girl Scout Product Sales Programs and/or printed materials.
☐ New ACH forms are required if the authorized signers have changed, or if the financial institution has changed. New forms must be received two weeks prior to the ACH withdrawal processing date.

Troop/SU agrees to:

☐ Refer to the printed or electronic materials for ACH procedures and dates.
☐ Be held responsible for depositing sufficient funds to cover ACH withdrawals, AND agrees to be held responsible for any resulting non-sufficient charges.
☐ Know their financial institution’s clearing times; if checks are deposited into the troop/service unit account; adequate time should be allotted for the check to clear PRIOR to ACH withdrawal.
☐ Allow GSGMS to repeat any debit that fails for any reason and make adjustments to withdrawal amounts as they see necessary.
☐ Work closely with GSGMS to pay all amounts due to GSGMS in any manner agreed on by both parties.

Troop/SU bank account authorized signer agrees to:

☐ I understand the council must be paid in full and any outstanding debt must be reported by deadlines provided. If at any time I fail to turn over outstanding debt forms, monies, and/or information for collection of troop outstanding debt, I will be held financially responsible for the outstanding debt.
☐ I agree to accept financial responsibility for all products and money I receive. I understand that failure to account for money and products received will be considered misappropriation of funds and may result in civil and/or criminal prosecution for the amount owed plus attorney fees and court costs and I will be removed from any and all volunteer positions with GSGMS.

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<th>Authorized Account Signer #1</th>
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