



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

ATTACH VOIDED CHECK OR ROUTING VERIFICATION FROM BANK

DO NOT ATTACH DEPOSIT SLIP

(If not a check, provide a letter from the bank on its letterhead, including the bank's ABA routing number, and troop checking account number)

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.

Authorized Account Signer #1		Authorized Account Signer #2	
Signature		Signature	
Print Name		Print Name	
Phone Number		Phone Number	
Date		Date	