

Opening or Changing a Girl Scout Bank Account

When opening a new account or making changes to a current bank account the first page of this document must be completed and sent to: ATTN: Customer Care, Girl Scouts of Greater Mississippi, 1471 West County Line Road, Jackson, MS 39213; secure fax 601.326.7640; or e-mailed to CustomerCare@GSGMS.org prior to submitting any documentation to the bank.

Choose a bank and obtain a contact person at that bank. Please be sure to check and see if the account will be free or have a minimal monthly charge. As of 7/1/17, new troop and service unit accounts should be set up through the following banks where the council has an established relationship for this purpose:

Regions BankPlus Hancock Bank Trustmark

If there is a reason these banks cannot be utilized, please contact Accounting for approval.

When completing the first page of this document it is important to understand what the qualifications are for opening an account and becoming a signer. You will find the qualifications below:

- Troop or Service Unit Bank Accounts must be open when:
 - A troop or SU has raised \$100.00, unless those funds are going to be collected and immediately disbursed to GSGMS for registration or an event or,
 - A troop or SU participates in the upcoming Product Sales Program.
- There must be a minimum of two signers listed on the account at any time. These signers can be any adult member within the Troop or Service Unit that are not related/married/in a relationship/partnership and do not live in the same household.
- Each signer must meet the following requirements to be an approved signer on a troop or service unit bank account:
 - Have an active Adult Girl Scout Membership for the current membership year
 - Have a current criminal background check on file with GSGMS
 - Have no outstanding balance from the Product Sales Program

If any of the signers listed on this form **do not** have the listed qualification's those individuals will be notified directly. A letter of approval will not be sent until all qualifications are met by a minimum of two signers.

If all of the signers listed, **do** meet the listed qualifications you will receive your bank approval letter via email within three business days after receiving your request.

If you have any questions, please contact your membership specialist.



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Please complete the following page prior to opening your Troop or Service Unit Bank Account. Fax completed form to 601.326.7640 or email to CustomerCare@GSGMS.org for GSGMS approval.

Bank Name			
Bank Address			
City/State/Zip Code			
Bank Contact Name			
Bank Contact's Phone #		Bank Fax #	
What type of Change?	<input type="checkbox"/> New Account	<input type="checkbox"/> Update information on Existing Account	ACCT # _____

Account naming format is:

Girl Scout Troop accounts

OR *Girl Scout Service Unit accounts*

Girl Scouts of Greater Mississippi
GS Troop # _____

Girl Scouts of Greater Mississippi
GS Service Unit # _____

The following names will be on the signature card and have access to the account (must be at least two (2) names of persons who are not related to each other or living together). If making changes to an existing account, **please list everyone** who will need to be added, removed, and remain on the account:

1.	Email:	<input type="checkbox"/> Add <input type="checkbox"/> Remain as is <input type="checkbox"/> Remove <input type="checkbox"/> Change
2.	Email:	<input type="checkbox"/> Add <input type="checkbox"/> Remain as is <input type="checkbox"/> Remove <input type="checkbox"/> Change
3.	Email:	<input type="checkbox"/> Add <input type="checkbox"/> Remain as is <input type="checkbox"/> Remove <input type="checkbox"/> Change
4.	Email:	<input type="checkbox"/> Add <input type="checkbox"/> Remain as is <input type="checkbox"/> Remove <input type="checkbox"/> Change

Bank Account Statements/Notifications go to:

Name	
Full Address	

If Girl Scout Troop account:

GS Troop Leader's Name			
Phone #		Email:	

If Girl Scout Service Unit account:

GS Service Unit Manager's Name			
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*Membership Specialist*_____

*Background check*_____

*Registered*_____



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	