

## MONEY MANAGER POSITION AGREEMENT/BANK REQUEST

## **INSTRUCTIONS**

- Each signer must have *CURRENT MEMBERSHIP* with GSSWT. *Membership is renewed yearly, and expires on September 30 of each year*. To register or renew membership, please contact the Customer Care team at: <a href="mailto:customercare@girlscouts-swtx.org">customercare@girlscouts-swtx.org</a> or at 210-349-2404, extension 391.
- Each signer being added must have successfully completed MONEY MANAGER
   *TRAINING* within the past 12 months. If you have not completed Money Manager
   Training, you can access the training by clicking on this link.
- Each signer must have a *CLEAR AND CURRENT BACKGROUND CHECK* on file with GSSWT. *Background checks expire three years after completion date*. To order a background check, please contact the Customer Care team at <a href="mailto:customercare@girlscouts-swtx.org">customercare@girlscouts-swtx.org</a> or at 210-349-2404, extension 391.
- Each signer **being added** must complete a *MONEY MANAGER POSITION AGREEMENT* form to acknowledge that he/she:
  - has completed training
  - \* is familiar with the requirements of the position
  - agrees to follow the policies and procedures outlined in the training materials

Please *carefully review* each line item on the Money Manager Position Agreement (MMPA) and initial in the blank next to it to indicate agreement.

### Each signer must complete his/her own MMPA.

- 1. Complete **pages 1 and 2** of the MMPA and **pages 1 and 2** of the Bank Request form.
- 2. Money Managers must *hand sign* each form in the "Signature" section.
- 3. Submit *both forms together* to <u>customercare@girlscouts-swtx.org</u>.
- 4. Do not go to the bank until you have been contacted by a bank representative.
- 5. *After* you have completed signature cards at the bank, the primary signer must send the <u>ACH Authorization</u> form (*Forms & Documents>Advanced Search>Finance*) to <u>customercare@girlscouts-swtx.org</u>.

#### **IMPORTANT:**

PLEASE DO NOT SUBMIT THE ACH AUTHORIZATION FORM AT THIS TIME.

ACH FORM IS NOT VALID UNTIL ALL SIGNATURE CARDS HAVE BEEN COMPLETED AT THE BANK.



Name:	
Troop #(leave blank if CMM):	
Community:	

YOU MUST HAVE COMPLETED MONEY MANAGER TRAINING WITHIN THE PAST 12 MONTHS BEFORE SUBMITTING THIS FORM

## **Money Manager Position Agreement**

Purpose: All account signers are **Money Managers**, responsible for maintaining accurate records and submitting required reports for all money earned or spent by the Troop/Community (Group).

By initialing each line, I agree to the following:

	ive successfully completed money manager training within the past 12 months, and will ensure that my ning is kept current by renewing at least every three years, or as changes require.
	ill ensure that my Girl Scouts of Southwest Texas (GSSWT) membership and background check are kept
	rent. I understand that <u>GSSWT membership expires on September 30 of each year</u> , and background checks ire three years from activation date.
^P	the three years from activation date.
	iderstand that the group account must have at least two qualified signers at all times. Signers cannot be
	ted by blood or marriage, and cannot reside in the same household. <i>I understand that accounts without at</i>
eus	st two qualified signers are subject to closure without notice.
	derstand that I am not authorized to open, modify or close the account directly with the bank. If a signer
	res the group or becomes disqualified, I will immediately notify GSSWT to add a new co-signer. If my group
	bands, I will ensure that GSSWT is properly notified to close the bank account, and that my group submits a Il finance report within 30 days of receiving the final bank statement.
	in interior report within 50 days of receiving the interior statement.
	derstand that group accounts are established under the GSSWT tax ID number, and are therefore property
(	GSSWT and subject to its guidelines and requirements.
ur	nderstand that <i>all account signers</i> are responsible for reviewing monthly bank statements and otherwise
no:	nitoring the account. Discrepancies are to be reported to GSSWT immediately.
I ui	derstand that group account signers must not write checks to themselves. One signer may write a check to
	other signer for reimbursement. All reimbursements require a valid vendor receipt.
r	dentered that the confer Third Denter Catalana ant Operation (TCO) accounts as a marital and the conservation
	iderstand that the only Third-Party Settlement Organization (TSO) accounts permitted on the group account "Square", to be used for Product Program transactions, and "Stripe", which is available through <u>Rallyhood</u> .
	"Stripe" account is to be used to receive funds only. Other TSO vendors (Venmo, PayPal, ApplePay, etc.)
	not permitted.
	iderstand that <b>cash withdrawals are not permitted from the group account</b> . Withdrawing cash from the
	up account may result in my being released as a volunteer, and could possibly result in GSSWT filing
•	ninal charges.
	iderstand that use of this account for personal purchases is not permitted. Using the group account for sonal expenses may result in my being released as a volunteer, and could possibly result in GSSWT filing
	ninal charges.

1 11	Email
Desi	nted Name
	Date:
I acl	knowledge and accept the responsibilities as set forth in this volunteer position description.
	<ul> <li>Accountability: Troop Money Managers report to Troop Leader and Community Money Manager</li> <li>Community Money Manager reports to Community Chair</li> <li>Term: Will remain in position until removed from account.</li> </ul>
	Method of Selection: Selected and appointed by the group.
p	COMMUNITY MONEY MANAGER ONLY: I am responsible for supporting Troop Money Managers by partnering with GSSWT to guide them in correct council money manager procedures. I will be available to unswer their questions and provide assistance as needed.
""	realize that the money manager training materials and required forms, as well as the most recent edition of the Managing Troop/Group Finances" manual, are available for me to download from the GSSWT website for eference at any time.
n	understand that failure to submit finance reports and maintain a bank account in good standing jeopardizes my group's participation in the product program, and prevents my group from conducting its own money-parning/solicitation projects or receiving donations.
C	Bank statements and the most recent finance report will be made available to group members and/or to girls' aregivers for review during each group meeting and at any time upon request. <i>I understand that financial ransparency is crucial</i> .
	understand that, except for reimbursement with a valid receipt, <mark>group funds are not to be paid directly to any ndividual, either in the form of cash, check or gift cards.</mark>
	understand that group funds belong to the entire group and not to any one individual or collection of ndividuals within the group. Funds remaining in the account after disbanding become property of GSSWT.
	understand that failure to submit my troop/group finance report by the due date may result in closure of the account without notice.
t:	understand that <i>finance reports are due twice a year, by December</i> 15 <sup>th</sup> and by June 15 <sup>th</sup> . I will ensure that my roop/group report is submitted on time and complete, <i>even if there was no activity on the account during the eporting period</i> . The report will include the completed and signed cover sheet, income and expenses preadsheets, copies of bank statements and copies of receipts.
t	have been instructed on the money-earning and solicitation policies of GSSWT, as part of my money manager raining, and will abide by these policies. The Development Department must pre-approve all solicitations valued at \$250 or more. I understand that all in-kind (non-monetary) donations must be reported to GSSWT.
n	am aware of the guidelines regarding the Auto-Withdrawal ACH Authorization form, and understand that ny group must keep a current ACH form on file with GSSWT in order to participate in the Fall Product and/or Cookie Program.
	raining, and will train and encourage the adults in my group to save group funds by using the form for Girl scout activity-related purchases.



## **Bank Request Form**

### PLEASE DO NOT SUBMIT THE ACH AUTHORIZATION WITH THIS FORM

	I/we nee	ed to:		
	-	new account		
		gner(s) - account #		
		ve signer(s) - account #		
	☐ Close a	account #		
	Check Bank:	<ul><li>□ Broadway Bank</li><li>□ IBC</li></ul>		
Ba		n location preferred signing documents:	Troop #:	
			ATTN Bank Personnel:	
		<del>-</del>	ng that your banking facility fulfill this request for	
			outs of Southwest Texas (GSSWT).	
	This form must be received directly from Girl Scouts of Southwest Texas by authorized email.			
	Please do not process this request without additional cover letter			
		con	taining GSSWT executive signature.	
			Note:	
		Account name sh	ould be: Girl Scouts of Southwest Texas Troop	
		No wire tr	ansfers may be made from this account.	
		Per agreement witl	h GSSWT, please waive monthly service charge.	

### The account must have at least two unrelated signers. The signers on this account will be:

SIGNER	NAME	POSITION	
Primary Signer (required)	PLEASE PRINT	MONEY MANAGER	
2 <sup>nd</sup> Signer (required)	PLEASE PRINT	MONEY MANAGER	
3 <sup>rd</sup> Signer (optional)	PLEASE PRINT	MONEY MANAGER	
4 <sup>th</sup> Signer (optional)	PLEASE PRINT	MONEY MANAGER	

## Bank Request Form Troop #:

# (Primary Signer): Only one signer should complete the "Primary Signer" section (Bank statement will be mailed to the Primary Account Signer)

Name:		Signature:		
Street address:		City:	Zip:	
Home #:	Cell #:	Email:		
	COUN	ICIL USE ONLY:		
MMPA:	CBC:		MMT:	
<u>Co-Signer:</u> □ ADI	) □ REMOVE			
· ·		Signature:		
	Cell #:			
	COUN	ICIL USE ONLY:		
MMPA:	CBC:		MMT:	
Name:		Signature:		
Street address:		City:	Zip:	
Home #:	Cell #:	Email:		
	COUN	ICIL USE ONLY:		
MMPA:	CBC:		MMT:	
Co-Signer: ☐ ADI	D □ REMOVE (Signer contact	ct information and signature no	required to remove from	n account.)
Name:		Signature:		
Street address:		City:	Zip:	
Home #:	Cell #:	Email:		
	COUN	ICIL USE ONLY:		
MMPA:	CBC:		MMT:	

(ATTN BANK: DO NOT PROCESS THIS REQUEST WITHOUT AUTHORIZED GSSWT EXECUTIVE SIGNATURE)