



BANK REQUEST CHECKLIST

The following items must be complete before submitting your bank request form.

Bank request will be processed only if the items listed below are complete:

- 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: customercare@girlscouts-swtx.org 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 from the [Adult Learning](#) page on the GSSWT website, under “Managing Finances”.
- 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 customercare@girlscouts-swtx.org or at 210-349-2404, extension 391.
- Each **new** signer 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

You can download the Money Manager Position Agreement form from the [Volunteer Resources](#) page on the GSSWT website, under “Managing Finances”.

Complete the position agreement form only after completing Money Manager Training.

IMPORTANT:

PLEASE DO NOT SUBMIT THE ACH AUTHORIZATION FORM WITH THE BANK REQUEST FORM. ACH FORM IS NOT VALID UNTIL ALL SIGNATURE CARDS HAVE BEEN COMPLETED AT THE BANK.

Bank Request Form

**TO ENSURE PRIVACY,
EACH SIGNER MUST COMPLETE A SEPARATE FORM**

Request	Account Number	Request	Account Number
<input type="checkbox"/> Open a New Account	DO NOT WRITE IN THIS SPACE	<input type="checkbox"/> Remove a Signer	
<input type="checkbox"/> Add a Signer		<input type="checkbox"/> Close Account	



**DO NOT SUBMIT THIS REQUEST UNTIL YOU HAVE
VERIFIED THAT ALL SIGNERS HAVE:**



- **CURRENT MEMBERSHIP WITH GSSWT**
- **SUCCESSFULLY COMPLETED MONEY MANAGER TRAINING**
- **A CLEAR AND CURRENT BACKGROUND CHECK ON FILE**
- **SUBMITTED A MONEY MANAGER POSITION AGREEMENT FORM**

Signers not meeting these requirements will delay your bank request.

Return the completed form to the Finance Department at customercare@girlscouts-swtx.org
or fax to: 210-349-2666, ATTN: Financials. Be sure to complete both pages, unless instructed otherwise.

PLEASE DO NOT SUBMIT THE ACH AUTHORIZATION WITH THIS FORM

Check Bank:	<input type="checkbox"/> Broadway Bank	<input type="checkbox"/> First State Bank of Uvalde	<input type="checkbox"/> IBC
	<input type="checkbox"/> First Commercial Bank	<input type="checkbox"/> Frost	<input type="checkbox"/> The Bank and Trust

Bank branch location preferred for signing documents: _____ Community Name: _____ Troop #: _____

ATTN Bank Account Manager

**We are requesting that your banking facility fulfill the above request for
Girl Scouts of Southwest Texas (GSSWT).**

This form must be received directly from Girl Scouts of Southwest Texas by scan or fax.

Please do not process this request without additional page containing GSSWT executive signature.

Please note: No wire transfers may be made from this account.

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

(Please Print) Signer Name	Position	Date of Birth	Drivers' License #	License State - Exp. date	Social Security #
	MONEY MANAGER				
	MONEY MANAGER	DO NOT WRITE IN THIS SPACE			
	MONEY MANAGER				

TO ENSURE PRIVACY, EACH SIGNER MUST COMPLETE A SEPARATE FORM

Bank Request Form (continued)

(Troop #: _____)

TO ENSURE PRIVACY, EACH SIGNER MUST COMPLETE A SEPARATE FORM

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

Name: _____ Signature: _____

Mailing address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

COUNCIL USE ONLY:

MMPA: _____ CBC: _____ MMT: _____

Signer Two: **ADD** **REMOVE**

Name: _____ Signature: _____

Mailing address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

COUNCIL USE ONLY:

MMPA: _____ CBC: _____ MMT: _____

Signer: **ADD** **REMOVE** (Signer contact information and signature not required to remove from account.)

Name: _____ Signature: _____

Mailing address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

COUNCIL USE ONLY:

MMPA: _____ CBC: _____ MMT: _____

Signer: **ADD** **REMOVE** (Signer contact information and signature not required to remove from account.)

Name: _____ Signature: _____

Mailing address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

COUNCIL USE ONLY:

MMPA: _____ CBC: _____ MMT: _____

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