## DO NOT SUBMIT THE ACH AUTHORIZATION FORM WITH THE BANK REQUEST FORM!

SEND THE ACH AUTHORIZATION
ONLY AFTER ALL SIGNERS HAVE COMPLETED
SIGNATURE CARDS AT THE BANK.

THE ACH AUTHORIZATION IS NOT VALID UNTIL THE NEW ACCOUNT OR SIGNER CHANGE IS COMPLETE AT THE BANK.

FOR NEW ACCOUNTS: YOU MUST SEND A COPY OF A CHECK OR BANK STATEMEMT TO CONFIRM ACCOUNT.

A **REVISED ACH AUTHORIZATION** IS REQUIRED EACH TIME THERE IS A SIGNER CHANGE ON THE ACCOUNT.

EXCEPT WHERE A SIGNATURE IS REQUIRED,
PLEASE PRINT ALL INFORMATION

girl scouts of southwest texas		wal (ACH) Authorization Form HIS FORM WITH YOUR BANK REQUEST
1	Please choose <u>one:</u> Initial form submission for Revised form: signer chan	r neto account ourst include copy of check on Bank Statement ge on account
PLEASE PRINT LEGIBLY		Community:
through an Automatic Clear	s of Southwest Texas (GSSWT)	er of the troop/group bank account described below, to initiate electronic debit or credit transfers, processed dis that may be due to the troop/group from GSSWT or p.
Troop/Group Bank Council-approved Bank (ch		
☐ Broadway Bank	☐ First State Bank	of Uvalde
☐ Frost Bank	□ IBC	☐ The Bank & Trust
Name of Account (as it appe	ears on check or bank statement):	
Routing Number:	(6)	ccount Number:
Troop/Group Bank	k Account Signer Info	ormation (PLEASE PRINT LEGIBLY)
Primary Signer:		Third Signer:
Second Signer:	(PRINT)	ourth Signer:
	(PRINT)	(PRINT)
		in the latest edition of the Managing Troop/Group Finances
		ance <u>Linktree</u> , orce and effect until an authorized signer has submitted,
<ul> <li>I understand that not have</li> </ul>	ving this current, completed for	m on file with GSSWT may make my troop ineligible to wed if there is a signer change on the account.
I agree to keep detailed re	ecords of all transactions made	within this account, including keeping receipts for ever
	rsonal purchases nor any cash v	vithdrawals may be made using the troop/group account It in criminal charges being filed by GSSWT.
		inances, and turn in detailed financial reports to the
	lovember 15 of each year.	
I understand that I must	notify GSSWI immediately if	a signer leaves the group or becomes disqualified.
Authorized Signature:		Date:
Printed Authorized Name:		
C. A it ship as a suplement of the		(10)

Questions? Call us at 210-349-2404/800-580-7247 or email to customercare@girlscouts-swtx.org

## **ACH** Authorization

- Indicate whether form is for a new account or for a signer change on an account. New account form must include copy of check or bank statement.
- 2. Indicate Community and Troop.
- 3. Print primary signer's name.
- 4. Check box to indicate bank.
- 5. Print name of account as it appears on check or bank statement.
- 6. Print routing number and account number as it appears on the check.
- 7. PRINT each signer's name. No signatures in this section.
- 8. Review agreement before signing.
- 9. Primary signer should complete with signature, printed name, and date.
- 10. Submit completed form to customercare@girlscouts-swtx.org.



## Auto-Withdrawal (ACH) Authorization Form

## DO NOT SEND THIS FORM WITH YOUR BANK REQUEST

Please	choose <u>one</u> :			
□ Ini	tial form submission for	new account (must include cop	Y OF CHECK OR BANK STATEMENT)	
□ Re	vised form: signer chang	e on account		
PLEASE PRINT LEGIBLY		Community:	Troop:	
I,	outhwest Texas (GSSWT) to Iouse (ACH), for any funds	that may be due to the troop	edit transfers, processed	
Troop/Group Bank In:	formation			
Council-approved Bank (check or	ne):			
☐ Broadway Bank	☐ First State Bank of	f Uvalde		
☐ Frost Bank	□ IBC	□ The F	Bank & Trust	
Name of Account (as it appears on	check or bank statement):			
Routing Number:	Aco	Account Number:		
Troop/Group Bank Ac	count Signer Info	rmation (PLEASE PRINT	 Γ LEGIBLY)	
Primary Signer:		Third Signer:		
Timury Signer.	(PRINT)	11ma organer.	(PRINT)	
Second Signer:		Fourth Signer:		
-	(PRINT)	· <u></u>	(PRINT)	
By signing below:				
• I agree to abide by the policies	•		iging Troop/Group Finances	
handbook, available for downl			1 ' 1 1 '0 1	
• I understand that this authoriz		ce and effect until an authoriz	zed signer has submitted,	
<ul><li>in writing, the request to revok</li><li>I understand that not having the</li></ul>		on file with CSSWT may ma	ke my troop ineligible to	
participate in product program	-		, ,	
<ul> <li>I agree to keep detailed records</li> </ul>	-			
<b>purchase made</b> , and all deposi				
• I understand that NO personal	-	thdrawals may be made usin	g the troop/group account	
or troop/group funds, and that	theft or misuse may result	in criminal charges being file	d by GSSWT.	
• I agree to keep girls and familie	es aware of troop/group fin	ances, and turn in detailed fir	nancial reports to the	
council by May 15 and Novem	ber 15 of each year.			
<ul> <li>I understand that I must notify</li> </ul>	GSSWT immediately if a	signer leaves the group or bec	omes disqualified.	
Authorized Signature:		Da	te:	
Printed Authorized Name:				

Submit this completed form to: <a href="mailto:customercare@girlscouts-swtx.org">customercare@girlscouts-swtx.org</a>

Questions? Call us at 210-349-2404/800-580-7247 or email to <a href="mailto:customercare@girlscouts-swtx.org">customercare@girlscouts-swtx.org</a>