

# 2020 – 2021 Product Program ACH Debit Authorization and Reimbursement Request All Areas

Area \_\_\_\_\_ Service Unit \_\_\_\_\_ Troop \_\_\_\_\_

This form is to be used by all GS-TOP troops to authorize ACH debit and reimbursement transactions during the 2020 – 2021 Product Programs (fall /cookie). \*If the troop does not have a bank or credit union account with checks, you must attach a letter from the bank or credit union with the account number and routing number.

Troop acknowledges and agrees that:

1. GS-TOP will debit or reimburse the above troop bank account on the dates listed as “Important Dates” for each product program.
2. Troops are responsible for depositing sufficient funds to cover these debits, allowing three (3) days for deposited checks to clear. (Does not apply to Fall Product Program)
3. Troop expressly authorizes GS-TOP to repeat any debit that fails for any reason.
4. To avoid NSF fees, you must notify area product program sales staff to reduce the amount that will be debited. This must be done by designated date that council sends out via email to Cookie Chair.
5. Council will not reimburse any NSF fees.
6. Troop agrees to work closely with GS-TOP to pay all amounts due to council in any manner agreed to by both parties.
7. Troop agrees to follow procedures on the “2020 – 2021 Product Program Banking Plan”.

GS-TOP takes misuse of troop funds seriously. If personal use of troop monies occurs, GS-TOP will begin collection procedures, taking legal action, as necessary. Volunteers who misuse funds for which they are responsible will be released from all positions with GS-TOP. GS-TOP will pursue all available criminal charges involving misuse of funds.

Authorized check signer *must initial* the following statement regarding the 2020 – 2021 Product programs

\_\_\_\_\_ Troop agrees to the ACH debits of money due to the council for the 2020 -2021 Product programs

THIS AUTHORIZATION MUST BE SIGNED BY AN AUTHORIZED CHECK SIGNER FOR THE TROOP.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list at least 2 signers on the account (must be 2 registered, unrelated adults):

1. \_\_\_\_\_ 2. \_\_\_\_\_