



Bank Account Information (Troop/Group/Service Unit)

This form is to be completed by all troops and service units who have opened a troop/service unit/association bank account. Any troop/service unit/association with \$100 or more in its treasury is **required** to deposit the funds into a troop/service unit/association account in an accredited financial institution.

This form should be filed with the council no later than **two weeks** after opening the account. Additionally, if the location of the account or the signatories should change, a new form should be filed within two weeks of the change.

This information is deemed to be confidential by Girl Scouts Heart of the South.

Service Unit _____
Troop _____ Grade Level _____
Name _____ Address _____
City/State/Zip _____
Home Phone _____ Work Phone _____ Cell _____
Name of Bank _____ Branch _____ Date Opened _____
Checking Account # _____ Savings Account # _____
Address Statements are mailed to (if different than above) _____

Please indicate the names, signatures, driver's license numbers, and/or social security numbers, and phone numbers of all persons authorized to sign checks or withdraw funds from this account:

Name & GS Position _____ Signature _____ Date _____
Dr License # _____ *Last 4 digits of Social Security # _____ Phone # _____
Name & GS Position _____ Signature _____ Date _____
Dr License # _____ *Last 4 digits of Social Security # _____ Phone # _____
Name & GS Position _____ Signature _____ Date _____
Dr License # _____ *Last 4 digits of Social Security # _____ Phone # _____
Name & GS Position _____ Signature _____ Date _____
Dr License # _____ *Last 4 digits of Social Security # _____ Phone # _____

*** The signatures above also serve as an authorization for the bank to release account information and the balance of this account to Girl Scouts of Heart of the South.**

Year 2 _____ I certify that the information above is accurate. Initial and Date Here: _____ - / /
Year 3 _____ I certify that the information above is accurate. Initial and Date Here: _____ - / /

Official Use

Date Received: _____

Council Staff Signature: _____

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