



Girl Scouts of San Jacinto Council
REGISTRATION OF BANK ACCOUNT AND
ACH DEBIT/CREDIT ACKNOWLEDGEMENT



Troop/Group# _____ Community (#/Name) _____ Region # _____

[] Checking Account [] Savings Account (select one) for the depository (bank) named below

Depository (Bank) Name _____

Depository (Bank) Address _____

Address City Zip

*Transit ABA (Routing #) _____ Account # _____

Name of GSSJC Account _____

Address to send statement _____

Address City Zip

By signing below, we acknowledge that: Girl Scouts of San Jacinto Council (GSSJC) has the right to initiate bank credits/debits to the troop/community/region bank account indicated above and this account and its funds are to be used for Girl Scouts activities only. We understand that it is the troop's/community's/region's responsibility to notify GSSJC if any of the information contained herein changes. If the troop/community/region does not notify GSSJC of a change, any related fees will be assessed to the troop/community/region.

Girl Scouts of San Jacinto Council (GSSJC) and /or the applicable Community have the right to demand an accounting of this account at any time. If the troop disbands, the funds in this account must be disbursed to the applicable Community or GSSJC. Upon closing the account, the Community Financial Specialist and the GSSJC Accounting Department must be notified.

Primary Check Signer Information

Name _____

Address _____

Address City Zip

Home/Cell Phone# _____ Email _____

Authorized Signature _____ Date _____

Secondary Check Signer Information

Name _____

Address _____

Address City Zip

Home/Cell Phone# _____ Email _____

Authorized Signature _____ Date _____

Send completed form with a copy of a bank printed voided check** to:

**ACH/Bank generated documents or signature card may be substituted

Temporary checks and deposit slips are not accepted for this purpose

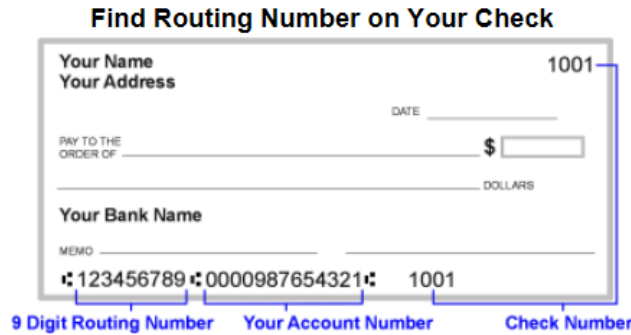
Girl Scouts of San Jacinto Council Attention: Adriene Crosby 3110 Southwest Freeway, Houston, TX 77098 Fax 713-292-0350 / E-Mail: acrosby@sigs.org

Original to Adriene Crosby, one copy to Community Financial Specialist, & keep one completed copy for your records

Troop/Group# _____ Community (#/Name) _____ Region # _____

*Complete both sides of this form and return to **Accounting, Accounts Payable attention Adriene Crosby. For troop accounts provide a copy to the Community Financial Specialist.**

- Use the Routing # from your check. Don't use your deposit slip routing #
- Use the numbers between the [: symbols (see example below)



- Enter your bank account number and include all zero's listed
- Do not include the check number
- Use the name of the bank account. Note: the name(s) listed on your check may not be the actual name on your bank account. Please verify on the bank statement.
- Keep one completed form and attachments for your records. Forward original and voided check or ACH/Bank generated document, within 5 days, to Adriene Crosby. For troop accounts, provide a copy to the Community Financial Specialist.
- If there are more than two signers, please attach a list to include the signer information to this document.
- Provide the region/community/troop treasurer information below:

Region / Community / Troop/Group - Treasurer (volunteer) _____
(Circle One)

Address _____
Address City Zip

Home/Cell Phone# _____ Email _____

Signature _____ Date _____