



# TROOP & SERVICE UNIT ACH AUTHORIZATION FORM

Please remit to GSCV  
Help Desk  
P.O. Box 11166  
Richmond, VA 23230

**Form Completion Date:** \_\_\_\_\_ **(ACH to be completed each membership year)**

As signatory(s) on the financial institution account identified below, I (we) authorize Girl Scouts of the Commonwealth of Virginia (GSCV) to initiate electronic ACH (Automated Clearing House) transfers for the purpose of debiting and/or crediting the account identified relating to all troop and Service Unit (SU) functions associated with product program, Council sponsored programs and SU funding. I (we) acknowledge that the origination of the ACH transaction to the account below must comply with the provisions of federal law.

I (we) also authorize GSCV to repeat any debit action that fails for insufficient funds or any other reason and understand that the troop/SU will be responsible for the bank fees charged by its bank for insufficient funds transactions.

This authorization may be terminated at any time. Termination of the authorization must be provided in writing, signed by signatory to the account, and delivered to GSCV's Finance Team. It may take 30 days to process the termination action after receipt of the written notice. ***All financial obligations to the Council must be satisfied prior to termination of this agreement.*** Reasons for termination of the agreement include change in account signers, change in partner bank, graduating troop, disbanded troop. A revised authorization form is required for change in account signer and partner bank.

**Service Unit/Troop Information – Please be accurate and ensure the form is complete. All requested information below needs to be completed.**

**The following is being completed for** ☐ **Troop #** \_\_\_\_\_ ☐ **SU Name** \_\_\_\_\_

**Troop Leader/SU Director Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

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

## **Troop/SU Bank Information**

**Bank Name** \_\_\_\_\_ **Bank Account Number** \_\_\_\_\_

**Bank Account Signer # 1 Print name and phone#:** \_\_\_\_\_

**Bank Account Signer #2 Print name and phone#:** \_\_\_\_\_

**Bank ABA Routing Number** \_\_\_\_\_ **Account type:** \_\_\_\_\_ **Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_

## **Signature of bank signer:**

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

**Note: By signing this authorization all debit/credit transactions are authorized by the account holder(s). The authorization given above may be terminated at any time. All financial obligations to GSCV must be satisfied prior to termination of this ACH authorization. Termination of the authorization must be provided in writing, signed by signatory to the account, and delivered to GSCV's Finance Team. It may take 30 days to process the termination action after receipt of the written notice.**

**Update: May 2024**