



Troop #	_____
Service Unit #	_____

AUTHORIZATION for DRAFT (ACH DEBIT/CREDIT)

I hereby authorize GIRL SCOUTS OF MIDDLE TENNESSEE (GSMIDTN), to initiate electronic **debit /credit** entries to the account of Girl Scout Troop #_____ identified by the information provided below. I acknowledge that any ACH transactions must comply with all applicable law.

This form must be accompanied by a voided check or bank statement for verification purposes

Financial Institution

Financial Institution's Address

Routing Number

Account Number

2018 Fall Product Program.

I understand the council will debit this account on November 12, 2018. I agree to deposit sufficient funds into this account by **November 1, 2018** to cover the ACH debit. I understand the dollar amount of the debit withdrawal is dependent upon the amount of nut/candy and magazine items sold by the troop as detailed on the Troop Order Report. Council will notify troops of amount to be withdrawn by **November 2, 2018**.

2019 Cookie Product Program.

I understand the council will debit this account on February 14, 2019 for \$1.50 per box of cookies received on the Girl Scout Troop Initial Cookie Order. I agree to have sufficient funds into this account by **February 12, 2019** for the first withdrawal. Council will notify troops of amount to be withdrawn by **February 4, 2019**. Council will debit this account a second time on March 14, 2019 for the entire balance remaining due to the Girl Scouts of Middle Tennessee for Girl Scout Cookies received by the troop. I agree to have sufficient funds into this account by **March 10, 2018** for the second withdrawal. Council will notify troops of amount to be withdrawn by **March 4, 2018**

***This form must be submitted to the Council Product Programs Department by August 31, 2018
(November 30, 2018 for new troops)***

By signing below I hereby authorize the Girl Scouts of Middle Tennessee (GSMIDTN) to initiate electronic debit /credit entries to the account and financial institution of the Girl Scout Troop identified on this document for the purposes outlined above. This Authority is to remain in full force and effect until GSMIDTN has resolved all debts owed by and/or credits due this Troop for the 2018-2019 Product Programs season or GSMIDTN has received written notice of it's termination in such time and manner as to afford GSMIDTN and Financial institution a reasonable opportunity to act on it and resolve any outstanding debts.

Signature (Girl Scout Troop Leader)

Print Name (Girl Scout Troop Leader)

Date

NAME ADDRESS CITY, STATE ZIP	DATE	0123 01-23456789
PAY TO THE ORDER OF		\$
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR		
⑆0 2345678⑆	⑆0 234567890 23⑆	⑆0 23
Routing #	Account #	Check #

**Scan/email completed form and check/statement to productprograms@gsmidtn.org or in person at
4522 Granny White Pike, Nashville, TN 37204**