

COOKIE SEASON 2025 ACH DEBIT AUTHORIZATION FORM

TROOP NUMBER(S) _____ SERVICE UNIT NAME _____

Please check one of the following boxes:

Existing Troop, No Account Changes

Existing Troop, New Account/Signers*

New Troop*

I, as authorized signer on this troop account, acknowledge and agree to the following statements:

- Our troop may not participate in the Cookie Program until all participating girls are registered with GSUSA and this ACH Debit Authorization Form, with voided check attached, is processed by the GSGNY Product Programs Department.
- All troop Initial Orders must be fully paid by the date specified by Council. If the ACH debit payment cannot be processed, the troop cookie order may be altered or may be fully rejected.
- GSGNY will debit any monies owed for product ordered within the Girl Scout Cookie Program according to the instructions provided by GSGNY.
- Sufficient funds will be deposited into the troop account to cover monies owed to Council and we agree to pay non-sufficient funds (NSF) banking fees should they occur.
- GSGNY may continue to process ACH debits until payment is made in full for monies owed to Council as reported in eBudde.
- An updated ACH Debit Authorization Form will be submitted to GSGNY Product Programs Department within five (5) business days of any account changes.
- **GSGNY reserves the right to seek the services of a collection agency and/or pursue legal action for any delinquent monies owed for product received.**
- I certify that I am an authorized signer on this Depository Troop Bank Account.

BANK ACCOUNT AUTHORIZED SIGNER INFORMATION (PRINT ONLY)

AUTHORIZED SIGNER #1

Full Legal Name _____

Street Address _____ City _____ ST _____ Zip _____

Cell Phone # _____ Email _____

Signature _____ Date _____

AUTHORIZED SIGNER #2

Full Legal Name _____

Street Address _____ City _____ ST _____ Zip _____

Cell Phone # _____ Email _____

Signature _____ Date _____

This form will NOT be accepted without two authorized signatories for the attached troop bank account.

TROOP ACCOUNT INFORMATION (PRINT ONLY)

Bank Name _____

Name on Account (ie: GS Troop xxxx) _____ Type of Account: Checking Savings

Routing # _____ Account # _____

***If you are an Existing Troop with New Account Information or a New Troop: Please attach to this document a voided check or letter from your bank indicating the routing number and account number.**

PLEASE EMAIL YOUR COMPLETED FORM AND DOCUMENTATION TO CookieACH@girlscoutsnyc.org