



# 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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