



Annual Report of Troop Funds and ACH Authorization

Report of Troop Funds

This report fulfills Girl Scouts of Central and Western Massachusetts' obligation as a legal corporation to account for public funds and to provide information required by Girl Scouts of the USA. Thank you for accepting your responsibility to submit this information. Send one copy to the Finance Department at the Worcester Leadership Center (115 Century Drive, Worcester MA. 01606) by June 15th. Retain a copy for your records.

Troop #: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Program Level:  Daisy  Brownie  Junior  Cadette  Senior  Ambassador # of Girls \_\_\_\_\_

Leader's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

TROOP INCOME (Use worksheet on reverse side) TOTAL INCOME: \$ \_\_\_\_\_

TROOP EXPENSES (Use worksheet on reverse side) EXPENSES TOTAL: \$ \_\_\_\_\_

BALANCE SUMMARY Previous Year's Balance: \$ \_\_\_\_\_ Plus INCOME Total: + \$ \_\_\_\_\_ SUBTOTAL: \$ \_\_\_\_\_ Minus EXPENSES Total: - \$ \_\_\_\_\_ BALANCE ON HAND: \$ \_\_\_\_\_ As of (date): \_\_\_\_\_

If the troop has a balance, of more than \$50 what will these funds be used for?

\_\_\_\_\_ When? \_\_\_\_\_

The above record of troop funds is correct to the best of my knowledge. Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Automatic Clearing House (ACH) Authorization

Three signers of unrelated, currently registered, Girl Scout adults are required to be on the account. One of the three signers is a member of the service team. Two signatures are required for every withdrawal and written check. ATM/debit cards may be (at least 2 signers must have online access to the account). I/we give GSCWM the authority to initiate bank withdrawals and deposits to the troop bank account below. I/we understand that it is the troop's responsibility to notify GSCWM if funds will not be available on the specified date, and that accept responsibility for any fees assessed for insufficient should we failed to provide timely notice to GSCWM.

Status of Account (circle one): New Ongoing (no changes) Check Signers Changed Closed

Bank Name and Branch Address: \_\_\_\_\_

Account Name: Girl Scouts of Central and Western Massachusetts, Inc. - Troop # \_\_\_\_\_

Transit ABA (Routing Number): \_\_\_\_\_ Account Number: \_\_\_\_\_

List the names of all authorized signers. Check the circle next to the person who receives the bank statements.

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature required of a signer who does NOT receive the statements.

