



Authorization Agreement for Electronic Withdrawals (ACH Debits)

I (we) hereby authorize Girl Scouts of Eastern Iowa and Western Illinois hereinafter called "Company," to initiate debit entries and, if necessary, credit correction and adjustment entries to my (our) account at the financial institution listed below.

Financial Institution Name: _____ Branch: _____

City: _____ State: _____ Zip _____

Bank Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Title of Account: _____

(Example: Girl Scouts of Eastern Iowa and Western Illinois, Troop xxxx)

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

***Dishonored Item Fee:** the account holder will be charged a fee of \$20.00 to cover bank fees if the preauthorized transfer is dishonored.

By signing below I agree to these terms and verify that I am a signer on the account listed above.

Signature Troop # Service Unit #

Printed Name Date

Office Use Only:

Business Company Name: Girl Scouts of Eastern Iowa and Western Illinois

Representative Signature: _____ Date: _____

ACH Collections – ACH Debits

