girl scouts of central texas

Service Unit #_____

SU Name:_____

Date: _____

Service Unit Bank Account Request

New Bank Account or Changes to Bank Account

When completing this form, either print legibly or type in the requested Information. Incomplete forms or illegible forms will be delayed or returned.

The procedures for opening a bank or credit union account for a Service Unit on behalf of Girl Scouts of Central Texas are as follows:

- Our tax ID# is 74-1109644. Please refer to this ID number only in regard to banking transactions on this account.
- If you have questions or concerns, please direct them to Customer Care at customercare@gsctx.org or (800)733-0011.
- Girl Scouts of Central Texas, as a non-profit organization, is requesting that the bank or credit union waive service charges on Girl Scout accounts.
- The account must be titled: "**Girl Scouts of Central Texas, _____ Service Unit**".
- We require at least 3 signatures be on file at the bank.
- One debit card may be issued on this bank account.
- Do not link this account through online banking to any of the signer's personal bank accounts.
- Thank you for you prompt attention to this matter. Board Resolution must accompany this form.
- Please allow one week for processing.

BANK INFORMATION

Bank Name: _____

Bank Mailing Address: _____ City: _____ Zip:_____

Bank Contact Person: _____

Bank Phone #: _____ Bank Fax #:_____

ACCOUNT ACTION

Check one:

☐ Open a new account ☐ Make Changes to Account # _____

SIGNERS ON THIS ACCOUNT WILL BE:

There must be three signers on troop bank accounts: SU Director, SU Treasurer, and one additional individual (or two co-signers). *Note: if unable to obtain three signers for the bank account, you may be approved for an expemtion by the CFO.*

Position	Full Legal Name	Driver's License (State & number)	Registered (yes/no)	CBC Expiration Date or CBC submission date *(For SU or Council use)*	Money Management Class (yes/no)
SU Director					
SU Treasurer or Co-Signer					
Co-Signer					

MAIL BANK STATEMENT TO:

Name: _____ Position: _____

Mailing Address: _____ City: _____ Zip: _____

Email Address: _____ Phone #_____

PERSON MAKING REQUEST

Name: _____ Position: _____

Mailing Address: _____ City: _____ Zip: _____

Email Address: _____ Phone #_____

REQUIRED COUNCIL SIGNATURE

_____ _____

PAULA BOOKIDIS, CEO DATE

CEO Signature Required
Finance Dept.