



Service Unit # _____ Troop # _____

2019 ACH Cookie Adjustment Request Form

Please submit this completed Adjustment Request Form by emailing it to ACH@gswpa.org, faxing it to (814)536-5373 or mailing it to Director of Product Sales, 612 Locust Street, Johnstown, PA 15901, no later than five business days before the scheduled transaction. Requests received after the deadline will not be processed in time to stop or adjust the sweep.

Sweep:

1st SWEEP
2nd SWEEP

Sweep Date:

Thursday, March 14, 2019
Thursday, March 28, 2019

Submit this form by:

Thursday, March 7, 2019
Thursday, March 21, 2019

Troop Cookie Manager: _____

Troop Leader: _____

Today's Date: _____

Reason for Adjustment Request:

- I am having problems with parent debt. Please include parent's name(s) below and, for the 2nd sweep, mail in the Delinquent Cookie Money Form and supporting documentation. (Until the Delinquent Cookie Money form and supporting documentation is submitted for a girl/parent with an outstanding balance due to the troop, the troop is financially responsible for the cookies.)
- Other: Please write a specific explanation below.

Amount GSWPA can safely debit from your account: \$ _____

If delinquent funds are received after the 2nd sweep, the troop should submit a check (indicate the delinquent girl in the memo line) to GSWPA, Attention: Cookie Sales Coordinator, 5681 Route 6N, Edinboro, PA 16412.

Signature: _____

Position: _____

Phone: _____