

# Bank Account Information and ACH Authorization

Service Unit Name \_\_\_\_\_ Service Unit # \_\_\_\_\_ Troop # \_\_\_\_\_

## Required Reporting of Bank Account Information

This form must be completed by all GSWPA Service Units/Troops/Groups that have been given permission to open a bank account in the Council's name. **This must be completed for new accounts as soon as a new bank account is opened or there are any changes in authorized signers.** Mail this completed form to: GSWPA, 30 Isabella St., Suite 107, Pittsburgh, PA 15212, Attn: Finance Department.

**Reason for submitting:**  New Troop  Changed bank or account #  Change of signers



**Attach a voided check (not deposit slip). If a voided check is not available, the bank must provide the routing number and troop account number on bank letterhead.**

### Bank Information:

Bank Name \_\_\_\_\_ Branch Office \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Is a debit card used with this account? Yes / No      If yes, who keeps the debit card? \_\_\_\_\_

Last four(4) digits of debit cards: \_\_\_\_\_

**Authorized Signers (2 required): Please submit a new form if authorized signers change in the future.**

1. Name \_\_\_\_\_ Ph.# \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Ph.# \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_ Ph.# \_\_\_\_\_ Email \_\_\_\_\_

## ACH Electronic Debit/Credit (Sweep) Authorization

**The authorized signers acknowledge and agree:**

1. To be responsible for depositing sufficient funds to cover debits for any Product Sales and will be responsible for any resulting non-sufficient funds (NSF) charges.
2. To expressly authorize GSWPA to reprocess any debit for Product Sales that fails for any reason.
3. To work closely with GSWPA to pay all Product Sales amounts due to Council in any manner agreed to by both parties.
4. To authorize GSWPA to credit funds to the account for refunds related to deposits, bonuses, etc.
5. **This authority will remain in full force and effect until GSWPA has received written notification of the closing of this bank account and in such time and manner as to afford GSWPA and the Depository a reasonable opportunity to act upon it.**

This authorization must be signed by an **authorized check signer** on the bank account.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Position \_\_\_\_\_