



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, 503 Martindale St., Suite 500, 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 _____