



Troop: _____
Service Unit: _____
Date: _____

## Troop 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 Troop 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 our Finance Department 512-490-2313.
- 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, Troop # \_\_\_\_\_"**.
- 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 your prompt attention to this matter. Board Resolution must accompany this form

#### 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: two from the troop and one from the Service Unit.

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)
Troop Leader					
Co-Signer					
SU Treasurer					
SU Director					

#### 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

\_\_\_\_\_  
LYNELLE MCKAY, CEO

\_\_\_\_\_  
DATE