



# Bank Account Information and ACH Authorization

Service Unit Number \_\_\_\_\_ Troop Number \_\_\_\_\_

## Required Reporting of Bank Account Information

This form must be completed by all GSMISTS Service Units/Troops that have been given permission to open a bank account in the Council's name. **This form must be completed for new bank accounts as soon as it is opened or if there are any changes in authorized signers.**

E-mail this completed form to: [customercare@gsmists.org](mailto:customercare@gsmists.org).

The information below will be available to your Service Unit Treasurer and GSMISTS staff.

Reason for submitting:  New Troop  Changed Bank or Account Number  Change of Signers

### \*Bank Information:

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

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

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

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

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

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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