



BANK ACCOUNT AUTHORIZATION FORM

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This form is to be completed by all pathways/groups holding Girl Scout bank accounts and updated whenever there is a change in the authorized signers for the account. **A current and correct form must be on file at the Council Service Center.** All of this information is deemed to be confidential by the Girl Scouts of Michigan Shore to Shore.

Check one: Group #: _____
 Service Unit: _____

Date opened: _____
Date updated: _____
Date closed: _____

Leader/Advisor/Service Unit Manager: Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Work Phone: _____

Name of Bank: _____

Branch: _____ Account #: _____

Leader/Advisor Signature: _____

The signature above also serves as an authorization for the bank to release account information and the balance of this account to the Girl Scouts of Michigan Shore to Shore.

Please indicate the names, signatures, social security numbers, driver's license numbers and phone numbers of all persons authorized to sign checks or withdraw funds from this account.

Name _____ Signature _____ Date _____

Driver License # _____ Phone # _____

Name _____ Signature _____ Date _____

Driver License # _____ Phone # _____

Name _____ Signature _____ Date _____

Driver License # _____ Phone # _____

FOR OFFICE USE ONLY
Date received: _____
Received by: _____
Submit to: SC: TC/MKG/GR