



# GIRL SCOUTS OF UTAH ACH DEBIT AUTHORIZATION FORM

## DONOR INFORMATION

(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

Authorization Agreement: I (we) hereby authorize Girl Scouts of Utah to initiate debit entries to my (our) checking or savings account indicated below and the financial institution named below to debit the same to such account. In the event my ACH debit is returned unpaid, I agree that a fee as allowable by law will be charged to my account via ACH debit.

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

## COMPANY INFORMATION

Name: Girl Scouts of Utah

Taxpayer ID No.: 87-0221612

Contact Person: Linda Neeley

Address: PO Box 57280, Salt Lake City, UT 84157-0280

Telephone No. (801) 265-8472

## FINANCIAL INSTITUTION INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

9-Digit Routing Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account (check one)  Checking  Savings Amount: \$ \_\_\_\_\_

Frequency (check one):  Monthly Recurring Debit  One Time Debit Start Date: \_\_\_\_\_

Debits will be processed on the 1<sup>st</sup> of each month. If the 1<sup>st</sup> falls on a weekend, processing will take place on the following Monday.

## GIFT DESIGNATION

\$ \_\_\_\_\_ Area of greatest need

\$ \_\_\_\_\_ Girl Programs

\$ \_\_\_\_\_ Outreach Program

\$ \_\_\_\_\_ Camperships

### Reminder:

Fax completed form to (801) 261-1213 or mail to Girl Scouts of Utah, PO Box 57280, Salt Lake City, UT 84157-0280

*Thank you for supporting Girl Scouts of Utah*