



DEBIT ADJUSTMENT REQUEST
2019 Fall Product Program

Complete and return to GSU Finance Department

Troop #: _____ Service Unit: _____ Date: _____

Troop Product Manager: _____ Phone #: _____

Email: _____

Total Due Council:	
Requested Adjusted Amount:	
Balance Remaining:	
Date Balance Will Be Available:	

Reason for Request: _____

The undersigned have agreed that the requested adjusted amount will be debited on the scheduled debit date as listed in the applicable troop guide, and that the remaining balance due will be debited from the troop's account on the agreed upon date, as noted above. If either debit attempt is returned by the bank for any reason (including, but not limited to, insufficient funds (NSF)), the undersigned agree that any fees incurred by council will be added to the balance due.

Requested By: _____ Date: _____
Print Name

Signature

GSU Finance Manager: _____ Date: _____
Signature

For the purpose of this document, Troop Product Manager refers generally to the roles relative to the product sale program (Fall Product Program or Cookie Program) for which the debit adjustment request is being made.