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Girl Scouts builds girls of courage,
confidence, and character, who
make the world a better place.

To: NEW TROOP LEADERS AND CO-LEADERS

Re: Establishment of new troop checking accounts

Welcome to Girl Scouting! This paperwork will help you to establish a checking account for your troop as you begin your journey in Girl Scouts. The following documents are attached in order to set up the new account:

1. Amendment to Commercial Account Signature Card
2. Information needed for signers-2 copies

On Document #1, the Amendment to Commercial Account Signature card, write your troop number on the top of the form. Both the leader and co-leader must sign and print their names under "Section II", and select the box marked "Authorized Agent or Key Executive".

On Document #2, Information Needed for Signers, both the leader and co-leader must fill out this document and attach a copy of their driver's license. (Must be readable).

Please return the Amendment to Commercial Account Signature Card and both copies of the Information Needed for Signers to:

Girl Scouts of Utah Attn: Finance Dept
445 East 4500 South, Suite 125
Salt Lake City, UT 84107-2639

Be sure to include your troop number with the documents.

As soon as the paperwork is received, you will be issued an account number. Within 2-3 weeks you will receive debit cards from Wells Fargo Bank for your use.

If you have any questions regarding setting up your account, feel free to contact the Finance Department at (801) 265-8472 or email finance@gsutah.org

Sincerely,

The Finance Team at Girl Scouts of Utah



Amendment to Commercial Account Signature Card

I. Account Title(s)

Add more accounts		Remove	
Account #1 _____	CoID	119	(Internal Use Only)
Title Line 1 _____ (Customer's full legal name matching Customer's formation documents and TIN certification documentation- 40 characters max.)			
Optional Account Title Lines (40 characters max per line.)			
Title Line 2 _____			
Title Line 3 _____			
Title Line 4 _____ (If applicable, enter DBA name on last available title line)			

II. Amendment to Authorized Account Signers-add:

Add more signatures	Remove
----------------------------	---------------

#1 _____
Signature _____ Printed Name _____
Signer role-Please Select **one**. If no selection default will be limited signer. Refer to section IV for authority definitions.
 Limited Signer Authorized Agent or Key Executive Owner
 Banker must provide CIS customer number: _____

#2 _____
Signature _____ Printed Name _____
Signer role-Please Select **one**. If no selection default will be limited signer. Refer to section IV for authority definitions.
 Limited Signer Authorized Agent or Key Executive Owner
 Banker must provide CIS customer number: _____

#3 _____
Signature _____ Printed Name _____
Signer role-Please Select **one**. If no selection default will be limited signer. Refer to section IV for authority definitions.
 Limited Signer Authorized Agent or Key Executive Owner
 Banker must provide CIS customer number: _____

III. Amendment to Authorized Account Signers-delete:

Add rows	Remove
-----------------	---------------

#1 _____
Signer Name

#2 _____
Signer Name

Information needed for signers:

Full Legal Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Country of Citizenship: _____

Social Security Number: _____

Cell Phone Number: _____

Business Phone Number: _____

Employer: _____

Employer Since: _____

Job Title: _____

Primary ID:

Drivers License Number: _____

State: _____ Iss: ___ / ___ / ___ Exp: ___ / ___ / ___

Secondary ID:

Debit/Credit Card Issuer: _____ (i.e. Wells Fargo, other fin. inst.)

Type: _____ (i.e. Visa, MasterCard, etc)

Exp: ___ / ___ / ___

ATTACH A COPY OF DRIVERS LICENSE BELOW

Information needed for signers:

Full Legal Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Country of Citizenship: _____

Social Security Number: _____

Cell Phone Number: _____

Business Phone Number: _____

Employer: _____

Employer Since: _____

Job Title: _____

Primary ID:

Drivers License Number: _____

State: _____ Iss: ___ / ___ / ___ Exp: ___ / ___ / ___

Secondary ID:

Debit/Credit Card Issuer: _____ (i.e. Wells Fargo, other fin. inst.)

Type: _____ (i.e. Visa, MasterCard, etc)

Exp: ___ / ___ / ___

ATTACH A COPY OF DRIVERS LICENSE BELOW
