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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 2", and select the box marked "Authorized Signer".

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 either to our email at [finance@gsutah.org](mailto:finance@gsutah.org) or mail 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](mailto:finance@gsutah.org)

Sincerely,

The Finance Team at Girl Scouts of Utah

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



# Amendment to Commercial Account Signature Card

## 1. Account Title(s)

<b>Add more accounts</b>	<b>Remove</b>
Account #1: _____ CoID: 119	
Title Line 1: <u>Girl Scouts of Utah</u> Customer's full legal name matching Customer's formation documents – 40 characters max.	
Title Line 2: _____	
Title Line 3: _____	
Title Line 4: _____ If applicable, enter DBA name on last available title line.	

## 2. Amendment to Account Signers - Add

<b>Add more signatures</b>	<b>Remove</b>
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Signer #1 \_\_\_\_\_  
 Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
 Signer role; please select one. If none selected, the default will be limited signer. Refer to section 4 for authority definitions.  
 Limited Signer       Authorized Signer  
 Internal use only: CIS customer number for above signer: \_\_\_\_\_

Signer #2 \_\_\_\_\_  
 Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
 Signer role; please select one. If none selected, the default will be limited signer. Refer to section 4 for authority definitions.  
 Limited Signer       Authorized Signer  
 Internal use only: CIS customer number for above signer: \_\_\_\_\_

Signer #3 \_\_\_\_\_  
 Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
 Signer role; please select one. If none selected, the default will be limited signer. Refer to section 4 for authority definitions.  
 Limited Signer       Authorized Signer  
 Internal use only: CIS customer number for above signer: \_\_\_\_\_

**3. Amendment to Account Signers - Delete**

<b>Add rows</b>	<b>Remove</b>
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Signer Name	Signer Name
Signer Name	Signer Name
Signer Name	Signer Name

**4. Customer's Certification, Acknowledgement, and Agreement**

By signing below, I certify that the Customer has designated each of the individuals named in Section 2 above as

- a) a "Limited Signer" who is authorized, acting alone, to (i) sign checks drawn on the account(s) and (ii) instruct Wells Fargo with respect to stop payment order(s); or
- b) an "Authorized Signer" who is authorized, acting alone, to (i) sign checks drawn on and make cash withdrawals from the accounts(s), (ii) instruct Wells Fargo with respect to stop payment order(s) and (iii) initiate funds transfers between accounts on Business Online Banking, and (iv) perform other branch transactions in accordance with the customer's contractual arrangements with Wells Fargo.

Designating signers on the signature card does not authorize the signer to access CEO®.

Wells Fargo may obtain credit reports or other information about the customer. Wells Fargo may disclose information about each account to its affiliates, to credit reporting agencies, and to other persons or agencies that, in Wells Fargo's judgement, have a legitimate purpose for obtaining the information.

**I acknowledge that the customer has received the Wells Fargo Commercial Account Agreement and agrees its terms and conditions, as amended from time to time, will govern the account(s).**

Printed Name	Position/Title
Signature	Date

<b>5. Bank Use Only</b>		
Banker Name:	Banker Telephone:	Banker MAC:
AU:	RAU:	Officer #:
Submitter Name:	Submitter Phone:	
Submit Edits		

**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**

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## 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

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