



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

Visit our website:
www.gsutah.org

**Utah Council
Resource Center**
445 East 4500 South, Suite 125
Salt Lake City, UT 84107
84157-0280
Tel (801) 265-8472
Fax (801) 261-1213

**Central Utah
Service Center**
215 North Center Street
American Fork, UT 84003
Tel (801) 716-5116

**Northern Utah
Service Center**
3564 Lincoln Ave. Suite 4A
Ogden, UT 84401
Tel (801) 716-5111

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. Addendum to Certificate of Authority
2. Information needed for signers—2 copies

On Document #1, the Addendum to Certificate of Authority, write your troop number on the top of the form. Both the leader and co-leader must sign where indicated. There are two lines with the boxes checked "ADD." In the first column print the first/last name of the leader and co-leader. In the second column, both the leader and co-leader must sign.

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 Addendum to Certificate of Authority 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 and sent temporary checks. 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 me at (801) 265-8472 or email info@gsutah.org

Sincerely,

The Finance Team at Girl Scouts of Utah

V4/27/17

Addendum to Certificate of Authority

Deposit Accounts Only



Use this form to update documentation supporting changes to Authorized Signers on the original Certificate of Authority/Business Account Application currently on file. This addendum may not be used to add or delete those persons authorized to engage in credit transactions.

Bank Name: Wells Fargo Bank	COID: 119	Date:
	Branch #: 04061	AU (Cost Center): 74670
Officer name: Anna Mkrtchyan	Officer number: U0249	Phone #: (385) 415-8342

Addendum to Certificate of Authority

Dated:	Customer Name (Tax responsible individual or non-individual on the account(s) listed): Girl Scouts of Utah
--------	---

Account Number(s) Attach a separate page if necessary.

Authorized Signer names: This section is used for reference only. Authorized Signers remain the same excluding those listed in the Authorized Signer Changes section below. Listing all Authorized Signers is recommended but not required.

Print name:	Print name:
Print name:	Print name:
Print name:	Print name:
Print name:	Print name:

Authorized Signer changes: Use this section to indicate all Authorized Signers that should be added or deleted. A radio button must be selected for each name to avoid a Technical Exception. Complete a new form if additional signer changes are needed.

Action required **Print Authorized Signer name** **Enterprise Customer Number (ECN)** **Signature(s) (Required only for Authorized Signers added)**
Choose one

<input type="radio"/> Add <input type="radio"/> Delete			Signature 1:
<input type="radio"/> Add <input type="radio"/> Delete			Signature 2:
<input type="radio"/> Add <input type="radio"/> Delete			Signature 3:
<input type="radio"/> Add <input type="radio"/> Delete			Signature 4:
<input type="radio"/> Add <input type="radio"/> Delete			Signature 5:
<input type="radio"/> Add <input type="radio"/> Delete			Signature 6:
<input type="radio"/> Add <input type="radio"/> Delete			Signature 7:



F 0 0 1 - 0 0 0 0 0 0 W 1 8 Q 4 7 - 0 1

Information Needed for Signers

Full Name: _____

Residence Address: _____

Date of Birth: _____

Country of Citizenship: _____

Social Security Number: _____

Home Phone Number: _____

Business Phone Number: _____

Occupation: _____

Driver's License Number: _____

Iss: __/__/__ Exp: __/__/__

Credit Card Name: _____ (i.e. Wells Fargo)

Type: _____ (i.e. Visa)

ATTACH A COPY OF DRIVER'S LICENSE BELOW

Information Needed for Signers

Full Name: _____

Residence Address: _____

Date of Birth: _____

Country of Citizenship: _____

Social Security Number: _____

Home Phone Number: _____

Business Phone Number: _____

Occupation: _____

Driver's License Number: _____

Iss: __/__/__ Exp: __/__/__

Credit Card Name: _____ (i.e. Wells Fargo)

Type: _____ (i.e. Visa)

ATTACH A COPY OF DRIVER'S LICENSE BELOW



TROOP BANK ACCOUNT ACKNOWLEDGMENT

All signatories on troop bank accounts must complete the below acknowledgement in order for the troop to remain in good standing. Please return form to info@gsutah.org or mail to Girl Scouts of Utah, attn: Finance, 445 East 4500 South, Salt Lake City, UT 84107. If you have any questions, please contact the Council at 801-265-8472.

By my signature below, I acknowledge that I have read the Volunteer Essentials Handbook ("Handbook") regarding the bank accounts for the troop using the Girl Scouts of Utah's taxpayer identification number ("Troop Accounts"). I understand and agree to follow the terms and conditions in the Handbook, as may be amended from time to time, in addition to the following requirements:

1. Signatories on a Troop Account are responsible for the proper use and safekeeping of troop funds.
2. Funds in Troop Accounts may only be used for purposes related to Girl Scouts.
3. Girl Scouts of Utah reserves the right, at any time, to require any signatory on a Troop Account to provide bank statements and supporting information regarding such Troop Account. Failure to comply may result in the signatory being released from service with the Girl Scouts of Utah.
4. Girl Scouts of Utah may pursue criminal prosecution and/or civil action against a signatory in the event of misappropriation of funds for personal use or for purposes unrelated to Girl Scouts.

Troop #: _____ Community Name: _____

Print Name of 1st Account Signer

Print Name of 2nd Account Signer

Signature

Date

Signature

Date