

## Annual Report of Troop Funds and ACH Authorization

## **Report of Troop Funds**

This report fulfills Girl Scouts of Central and Western Massachusetts' obligation as a legal corporation to account for public funds and to provide information required by Girl Scouts of the USA. Thank you for accepting your responsibility to submit this information. Send one copy to the Finance Department at the Worcester Leadership Center (115 Century Drive, Worcester MA. 01606) by June 15<sup>th</sup>. Retain a copy for your records. Troop #: Service Unit: \_\_\_\_ Program Level: O Daisy O Brownie O Cadette O Senior OAmbassador # of Girls O Junior Phone: \_\_\_\_ Leader's Name: Address: City: State: Zip: Email: TROOP INCOME **TROOP EXPENSES** BALANCE SUMMARY (Use worksheet on reverse side) (Use worksheet on reverse side) \$\_\_\_\_ Previous Year's Balance: + \$ Plus INCOME Total: \$ TOTAL INCOME: \$ EXPENSES TOTAL: SUBTOTAL: \$ Minus EXPENSES Total: - \$ BALANCE ON HAND: \$ As of (date):\_\_\_\_\_

If the troop has a balance, of more than \$50what will these funds be used for?

	_When?
The above record of troop funds is correct to the best of my knowledge. Leader's Signature:	Date:

## Automatic Clearing House (ACH) Authorization

Three signers of unrelated, currently registered, Girl Scout adults are required to be on the account. One of the three signers is a member of the service team. Two signatures are required for every withdrawal and written check. ATM/debit cards may be (at least 2 signers must have online access to the account). I/we give GSCWM the authority to initiate bank withdrawals and deposits to the troop bank account below. I/we understand that it is the troop's responsibility to notify GSCWM if funds will not be available on the specified date, and that accept responsibility for any fees assessed for insufficient should we failed to provide timely notice to GSCWM.

Status of Account (circle one):	New	Ongoing (no changes)	Check Signers Changed	Closed
Bank Name and Branch Address Account Name: Girl Scouts of Co				
Transit ABA (Routing Number): _		Account	Number:	
List the names of all authorized s	igners. (	Check the circle next to the per	son who receives the bank stateme	ents.
O Print Name				
O Print Name				
O Print Name				
Signature				
Signature required of a signer w Rev. 4/30/2019	vho doe	s NOT receive the statement		pFndsandACHAuth

TROOP INCOME		TROOP EXPENSES	
Fall Product Sale income Cooke Sale Income Fees Collected for GSUSA dues Troop dues collected Fees collected for activities and trips Money collected for Juliette Low World Friendship fund Money collected for insignia (badges, pins, patches)	\$	GS Registration Fees Supplies Equipment Activities and field trips Expenses for other money earning activities	\$ \$ \$ \$
List any other income:	\$ \$ \$ \$ \$ \$	List any other expenses:	\$ \$ \$ \$ \$
Income Total:	\$ \$ \$ \$ \$ \$	Expense Total:	\$ \$ \$ \$ \$ \$

Please carry totals over to front side.

Our bank account is a (check one): O Checking Account O Savings Account

If using a checking account, please attach voided check here.