



Annual Report of Service Unit 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 15th. Retain a copy for your records.

Service Unit #: _____ Service Unit Name: _____

Treasurer of SUM Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

<p>Service Unit INCOME (Use worksheet on reverse side)</p> <p>TOTAL INCOME: \$ _____</p>	<p>Service Unit EXPENSES (Use worksheet on reverse side)</p> <p>EXPENSES TOTAL: \$ _____</p>	<p>BALANCE SUMMARY</p> <p>Previous Year's Balance: \$ _____</p> <p>Plus INCOME Total: + \$ _____</p> <p> SUBTOTAL: \$ _____</p> <p>Minus EXPENSES Total: - \$ _____</p> <p>BALANCE ON HAND: \$ _____</p> <p>As of (date): _____</p>
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If the Service Unit has a balance, of more than \$1,000 what will these funds be used for?

 _____ When? _____

The above record of Service Unit funds is correct to the best of my knowledge. Treasurer or SUM 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 Service Unit bank account below. **I/we understand that it is the Service Team members 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 Central and Western Massachusetts, Inc. – Service Unit: _____

Transit ABA (Routing Number): _____ Account Number: _____

List the names of all authorized signers. Check the circle next to the person who receives the bank statements.

- Print Name _____
- Print Name _____
- Print Name _____

Signature _____

Signature required of a signer who does NOT receive the statements.

