



ACH DEBIT AUTHORIZATION

2026 Fall Product Program

2027 Cookie Program

Complete and return to Council after completion of training.
You will NOT be granted access to M2 site or ABC Smart Cookies if form is not turned into Council prior to selling.

Troop# _____ Service Unit Name: _____

All 5-digits

**ATTACH
VOIDED TROOP
CHECK HERE**

☐ My troop does not have checks.

Bank Name _____

Routing Number _____ (9-digit number) Account Number _____ (DOUBLE CHECK ACCOUNT NUMBER)

YOUR NAME
678 Main Street
Anywhere, MI 12345

DATE _____

PAY TO THE
ORDER OF _____ \$ _____
DOLLARS

1:999888???

1:00123456789

1:123

Routing
Number

Account
Number

Check
Number

This form is to be used by all GSESC Troops to authorize ACH debit transactions during the 2026-2027 Fall Product and Cookie Programs.

Troop acknowledges and agrees to:

1. GSESC will debit the above troop bank account according to the instructions provided during training for the 2026-2027 Cookie and Fall Product Programs.
2. Troops are responsible for depositing sufficient funds to cover these debits and will be responsible for any resulting non-sufficient funds (NSF) charges.
3. Refer to training power points for ACH procedures and dates.
4. Troop expressly authorizes GSESC to repeat debits that fail for any reason.
5. Troop agrees to work closely with GSESC to pay all amounts due to the Council in any manner agreed to by both parties.
6. Troops understand that they may not participate in the Cookie Program, nor the Fall Product Program until ACH Debit Authorization is received by the Council.

This authorization must be signed by an authorized check signer for the troop.

Signature: _____ Date: _____

Printed Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email: _____

Please turn into Deborah Paisley at dpaisley@gseasc.org Please notify your bank with amount prior to ACH dates; verify limit on Troop account.