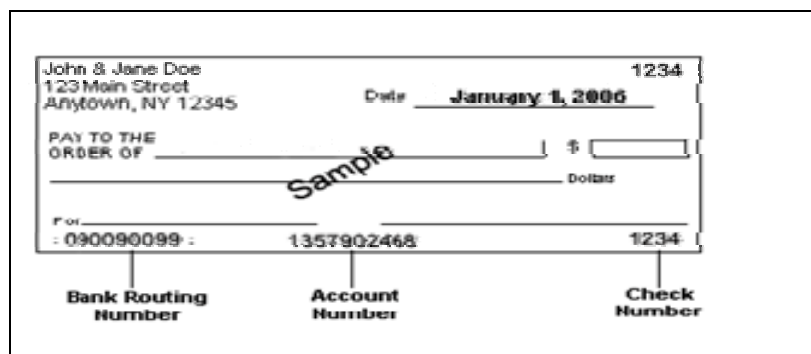


ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

We hereby authorize **Girl Scouts in the Heart of Pennsylvania** (GSHPA) to initiate entries to the Service Unit or Troop bank account at _____ (THE FINANCIAL INSTITUTION). The address of THE FINANCIAL INSTITUTION is _____ and the phone number is _____ (include area code.) The routing/ABA number is _____ and the account number is _____ (see below for example of where to find these numbers.)

PLEASE ATTACH A VOIDED CHECK. OUR BANK REQUIRES THIS INFORMATION TO BE KEPT ON RECORD IN OUR FILES. THANK YOU



We also authorize GSHPA to initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until GSHPA is notified by us in writing to cancel it. Notification of cancellation must be made at least three weeks prior to the effective date in order to allow processing time by GSHPA and THE FINANCIAL INSTITUTION.

SERVICE UNIT/TROOP NAME & NUMBER:			
NAME (PLEASE PRINT)		NAME (PLEASE PRINT)	
SIGNATURE	DATE	SIGNATURE	DATE
E-MAIL ADDRESS		E-MAIL ADDRESS	

Please retain a copy of your completed form before forwarding it to Girl Scouts in the Heart of Pennsylvania, 350 Hale Avenue, Harrisburg, PA 17104, Attention: Emily Honafius.