



GIRL SCOUT PRODUCT PROGRAM UNCOLLECTED FUNDS FORM

For Difficult Collections during the Fall Product Program and Cookie Sale Program.

Use this form for family debt, Non-Sufficient Funds (NSF) debt or troop debt.

Check One:

_____ **Family Debt:** Troops only pay for that which they have received payment. Troop Product Program Manager or Troop Cookie Manager should complete this form for anyone who owes money to the troop. **Do NOT delay your troop payment to wait for individuals that may be slow to pay.**

_____ **NSF Debt:** Troop Product Program Manager or Troop Cookie Manager should complete this form for each customer check returned from the bank as uncollectible, closed account or NSF. Enclose the bank notice and returned check with this form.

_____ **Troop Debt:** Service Area Product Program Manager or Service Area Cookie Manager should complete this form for any troop or individually registered girl if payment has not been submitted.

Troop # _____ Troop Leader Name _____ Service Area _____

Uncollected From _____ Girl Scout Name (if family debt) _____

Address _____ City/State/Zip _____

Phone Number(s) _____ Email _____

Amount Due \$ _____ Amount Paid \$ _____ Amount Uncollected \$ _____ Bank Fees \$ _____

Number of Items Ordered _____ Description of Items _____

Contact Instructions

Three (3) contacts are required for Family or Troop Debt. One (1) contact is required for NSF Debt. It is recommended that these contacts be attempted at different times in order to maximize chances of contact. A contact can be verbal (via in-person, message or phone) or written (letter or email). For each contact, please complete the following:

Contact #1

Individual Making Contact _____ Individual Contacted _____

Date _____ Time _____

Response/Resolution _____

Means of Contact _____ (If letter/email was sent, please submit a copy with this form.)

Contact #2

Individual Making Contact _____ Individual Contacted _____

Date _____ Time _____

Response/Resolution _____

Means of Contact _____ (If letter/email was sent, please submit a copy with this form.)

Contact #3

Individual Making Contact _____ Individual Contacted _____

Date _____ Time _____

Response/Resolution _____

Means of Contact _____ (If letter/email was sent, please submit a copy with this form.)

Please use extra sheets of paper if additional contacts were made or more detail is needed.

For Family Debt

For each debt, a signed parent/guardian permission slip and the signed receipt(s) for money and/or product (if applicable) must be attached to this form. **Without the appropriate documents attached, the debt becomes the responsibility of the Troop Product Program Manager (TPPM) or Troop Cookie Manager (TCM).**

For NSF Debt

Enclose the bank notice and returned NSF check with this completed form. Attach any supporting documents (letters, emails, etc.)

Troop Debt

For each debt, the signed Troop Product Program Manager or Troop Cookie Manager volunteer position description and signed receipts for money and/or product (if applicable) must be attached to this form. **Without the aforementioned documents attached, the debt becomes the responsibility of the Service Area Product Program Manager (SAPPM) or Service Area Cookie Manager (SACM).**

Notification for Family and/or Troop debt must be sent in by troop payment deadline for the corresponding Product Program.

Notification for NSF debt must be sent to the address below by the NSF notification deadline for the corresponding Product Program.

**Mail to: Girl Scouts of the Northwestern Great Lakes, Inc.
Attn: Product Program Department
PO Box 9427
Green Bay, Wisconsin 54308**

A sample written letter can be found on the next page.

****IMPORTANT****

If after completing this form, you receive a late and/or partial payment, it is essential that you immediately contact the Product Program Manager at productprograms@gsnwgl.org or 888.747.6945.



Girl Scouts®

Girl Scouts of the Northwestern Great Lakes, Inc.

Sample Past Due Reminder Letter

Date

Dear _____ :

Our records indicate you have an outstanding balance of \$_____ due for orders/product you received on _____ as part of our recent product sale.

Before your Girl Scout participated in the program, you signed a permission form assuming full responsibility for product and payment of this account. Payment in full is due by _____ or the account will be turned over to Girl Scouts of the Northwestern Great Lakes, Inc. Once the account is turned over, you may face collections and/or small claims.

If you are unable to make payment immediately, please call to discuss payment arrangements. If you believe this information is inaccurate or if you have any questions, you may contact me at _____.

Sincerely,

(Your name)

Troop Product Program Manager (or Troop Cookie Manager)

cc: (Troop Leader Name), Troop Leader
(SAPPM or SACM Name), Service Area Product Program Manager (or Service Area Cookie Manager)