



### TROOP/SERVICE AREA BANK ACCOUNT RECORD

Every new troop must complete this form within four (4) weeks of setting up their bank account. Every troop must have a completed copy of this form on file with our Council. Returning troops who already have a completed copy on file and turned in an Annual Troop/Group Financial Report do not need to complete this form.

|  |                 |  |
|--|-----------------|--|
| Troop #  | Membership Year | Date Completed   |
| Service Area                                     | School          |  |
| Primary Name on the Account                      | Address         |  |
| City/State/Zip                                   |                 |  |
| Phone: Day<br>( )                                | Evening<br>( )  | Cell<br>( )  |
| Email  |                 |  |
| Financial Institution Name                       | Account #       | Type of Account<br><input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Other |
| List all names authorized to sign on the account | 1.<br>2.<br>3.  |  |

\*Please attach a voided check or savings deposit ticket for deposits of troop proceeds or financial grants directly into your account.