



## 2024 Cookie Program ACH Extension & Discrepancy Form

**This form is being completed due to (check box)**

- Adjust ACH sweep amount request
- ACH Credit due to NSF Returned Check
- Counterfeit Bills (documentation from bank attached)

**Troop money must be available in the troop bank account by dates listed below:**

- April 25, 2024                      1/3 of balance due  
(Deadline to submit form to council April 22, 2024)
- May 9, 2024                        1/3 of balance due  
(Deadline to submit form to council May 6, 2024)
- May 30, 2024                      FINAL draft of any remaining balance due. No extensions accepted

*ACH debits will continue until all amounts due to Council have been collected.*

Troop #		Service Unit Name	
Troop Cookie Manager (TCM) Name			
TCM Email		Telephone #	
Troop Leader's Name			
Leader's Email		Telephone #	
Amount Due Council (according to above date):		\$	
<b>Total Amount that can be DEBITED from Troop Acct:</b>		<b>\$</b>	
Describe Reason for Discrepancy in amount due Council and amount Troop has in Account below (i.e. counterfeit bills received, NSF, etc. (IF NSF please complete bottom section of this form) If due to non-payment, a collection form must be completed :			

**For ACH Credit due to Returned Check – attach copy of NSF check and returned check notice from bank**

<input type="checkbox"/> I verify that all appropriate procedures were followed when the check(s) were accepted by my troop. The returned check is not a starter or temporary check and has the phone # & driver's license # recorded. (signature required) <b>X</b> _____	<input type="checkbox"/> Copy of the Returned Check Notification from Bank attached
---	---

The troop will be held accountable for returned checks unless Council receives this completed form and all of the above required attachments within 10 days of the return date as noted on the bank notification.

Troop #		Service Unit Name	
Troop Leader Name			
Contact #		Email	
<b>Troops Bank Name &amp; Address</b>	<b>Account #</b>	<b>Returned Check #</b>	<b>Amount of Check</b>
			\$
			\$
		<b>Total Amount</b>	<b>\$</b>

Submit completed form to: Girl Scouts Heart of the Hudson  
Via email to Council Finance at [councilfinance@girlscoutshh.org](mailto:councilfinance@girlscoutshh.org)