

Delinquent Account Procedure Form

Instructions:

- Complete this form for outstanding balances not received by December 4, 2018
- Attach a copy of the signed Parent Permission Form and signed receipts for fall product.
- Make two additional copies of this form and all materials, one to submit to your SU Fall Product Manager one for your troop records.
- Send to the product sales manager

Troop Information:

Troop #			
Leader's Name			
Address	City	State	Zip
Phone (home)	(work)	Email:	
Troop Fall Product Manager			
Address	City	State	Zip
Phone (home)	(work)		

Family Information:

Name(of the girl owing money)			
Parent/Guardian			
Address	City	State	Zip
Phone(home)	(work)	Email:	
Original amount due \$	Amount paid \$	Balance due \$	

Statement of attempt to collect debt (if necessary, continue on separate sheet)

Name of person completing the form

Address	City	State	Zip
Phone(home)	(work)	Email:	
Signature	Date:		

For Council Use only:	Date received	Date received
------------------------------	----------------------	----------------------

Action taken: _____
