



Product Program ACH Draw Request

Complete this form to request (1) an additional ACH draw or (2) an increase in a scheduled ACH draw during either the Fall Product or Cookie Program and submit to [sstutsman@girlscoutsnca.org](mailto:ssuttsman@girlscoutsnca.org) with a copy to bscroggins@girlscoutsnca.org. This form can be submitted by a Troop Leader, TCM, TFFPM, Troop Treasurer or SUM.

Requests for an increase in a scheduled ACH draw need to be received at least five business days prior to the date of the scheduled draw.

An email will be sent to the requestor confirming the amount and timing of an ACH draw addition or increase.

SU # (3 digits) _____ Troop # (5 digits) _____

Your Position (may select more than one):

- Troop Leader
- Troop Cookie Manager/Troop Fall Product Manager
- Other, please specify: _____

Name of Person Requesting Extension: _____

Email Address: _____

Telephone Number: _____

Is this request for:

- An additional ACH draw
- An increase in a scheduled ACH draw

For an additional ACH draw, please provide:

- o Amount of additional ACH draw: _____
- o Date requested for the additional ACH draw: _____

For an increase in a planned ACH draw:

For which ACH draw are you requesting an increase?

- Fall Product Program
- Cookie Program
 - First Draw
 - Second Draw
 - Final Draw

Please provide:

- o Additional amount (increase): _____
- o Total amount of ACH draw (with addition): _____

Other, please specify: _____