2023 Troop Product Manager Fall Product Program Agreement Form

Volunteer Responsibilities: Organize, coordinate, direct and manage the Product Program(s) at the troop level; provide girls with the opportunity to learn life skills and earn funds for the troop by facilitating participation in the product program(s).

Are you a registered adult for the 2023	3 Girl Scout year? Yes No
First and Last Name	
Service Unit Number	Service Unit Name
Troop Number	
Street Address	
City, State, Zip Code	
Best Phone Number for Communicati	on
Does this number accept text message	s?
Yes No	
Email Address	
By sub	mitting this form, I agree to the following:
I will accept this volunteer position my ability.	, complete all position requirements, and fulfill these duties to the best of
Support Specialist. I will return all recisioned for by troops to GSU's Product	fulfill the TPM duties, I will immediately notify my GSU Member ords pertaining to this year's product programs and all products not Program Department. I understand that I am financially responsible for urned over all documents and product to GSU; all finances must be om TPM role.
I have read and will comply with a "Volunteer Essentials" and "Safety Ac	ll Fall Product Program requirements stated in Girl Scouts of Utah's ctivity Checkpoints".
I will complete all required training Scouts of Utah Council.	gs, observe all deadlines, and follow all procedures as directed by Girl
_ I will have an updated ACH Agree	ment form on file with GSU.

ACH Debit Agreement

If you are a new troop or need to update your ACH banking information, please complete and sign the ACH Debit Agreement form.

Troops that have previously submitted an ACH Agreement form with GSU do not need to complete this portion of the TPM agreement.

GSU will debit troop accounts for Fall Product beginning November 28, 2023, for full amount due.

Troops are responsible for depositing all Fall Product Program funds into their troop checking account and making sure there are sufficient funds to cover the ACH debit for the amount due to GSU. GSU will repeat a debit that fails for any reason.

Full name of person who can be contacted about this account:
Email Address
Phone number
Bank Name
Account Number
Routing Number
By checking this box, I certify that the above information is correct and that my troop has authorized ACH withdrawals. Full Legal Name
Signature
Date