ANNUAL UNIT ACCOUNT ACCESS AUTHORIZATION FORM

The purpose of a Unit Account is to help service units when purchases are made in the Scout Service Center. It is a holding account, whereby credits and debits are recorded when money transactions occur. Transactions may include purchases of books, badges, event registration or credit on popcorn sales, etc.

**Purchases cannot be honored if the unit account has a negative balance.**

A Membership Account can also be set up for additional registrations and Charter Renewals. The purpose of having two accounts is to make sure money is available to cover registration costs.

ANNUAL UNIT ACCOUNT AUTHORIZATION FORM

National Unit #: ___________ Unit type (circle one): Pack  Troop  Team  Crew  Post  District: ________________

Charter Renewal Date: ________________ Charter Organization: ________________________________

We understand a Unit Account has been established for our unit at the Council Service Center. Funds deposited to this account can be used for payment at future dates. We authorize the following individuals to make withdrawals from this account:

**Authorized Individuals (Please print)**

1) ___________________________________________  2) ___________________________________________

3) ___________________________________________  4) ___________________________________________

Unit Accounts can only be debited by authorized individuals, up to the amount available. Authorizations are in effect until the expiration date of the current charter, or the receipt of a new authorization form signed by the Unit Leader and the Unit Committee Chairman. If purchases are to be made by your District Executive we will need to see written permission for them to do so, this may be done in the form of an email.

Unit Committee Chairman Signature: ____________________________________________

(Print)

Name: __________________________________ Date: __________________________

Address: __________________________________ Phone #: ______________________

Unit Leader Signature: ______________________________________

(Print)

Name: __________________________________ Date: _________________________

Address: __________________________________ Phone #: ______________________

Please return to the Council Service Center, 5625 East State Road 46, Bloomington IN 47401, within 30 days, or a freeze will be put on all Unit Accounts until form is returned.