

UNIT ACCOUNT AUTHORIZATION FORM

Unit # _____ Unit type: (Pack) (Troop) (Team) (Crew) (Post) District: _____
(circle one):

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 withdraws from this account:

Authorized Individuals (Please print)
1)
2)
3)
4)
5)

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.

Authorization Forms must be completed with committee chairman and unit leader (CM, SM, NL, EA) signature and information.

Unit Committee Chairman Signature: _____

(Print)

Name: _____

Date: _____

Address: _____

Phone # _____

Cubmaster/Scoutmaster/Crew Advisor/Exploring Advisor Signature: _____

(Print)

Name: _____

Date: _____

Address: _____

Phone # _____

This form supercedes all previously submitted authorizations.

Return to: Heart of America, BSA
10210 Holmes Road
Kansas City, MO 64131-4212

Phone: 816-569-4934
Fax: 816-569-4975