girl scouts of southeast florida

Authorization To Open a Troop Checking Account

Name of Bank _____ Branch _____

I hereby certify that I am an elected Officer of Girl Scouts of Southeast Florida, Inc. (GSSEF), a 501(c)(3) organization. As such officer, I am the custodian of the Corporation.

GSSEF policies permit a Troop to open a Business Checking account using our Federal ID No. 59-0657327 and under the following conditions:

1. Account Name: Girl Scouts of Southeast Florida Troop # _____

   Troop Leader Address: _____

   City _____ State _____ Zip _____

   Leader/Advisor Phone Number _____

   NOTE: This is to be the Troop Leader's address, NOT the corporate address for GSSEF.

2. Two or more signers are required on the account; only one signature is required for withdrawals, to make changes or to close the account.

3. An Officer of GSSEF (CEO and CFO) is authorized to access or close the account upon presentation of a request on GSSEF letterhead.

4. GSSEF shall be notified in the event the account becomes overdrawn or dormant.

5. Certifying that the Beneficial Ownership/Controlling Person Information on file is up-to-date and accurate.

In accordance with the policies of GSSEF, each of the following persons is authorized to be a signer on the Troop bank account.

Name (PRINT)	**Title**	**Signature**
_____	Troop Leader/Advisor	_____
_____	Co-Leader/Advisor or Assistant /Other	_____

Lisa Y Johnson
Chief Executive Officer

Rev: November 06, 2025