



# GSAK 2021-2022 Product Program Delinquent Account Form

2021 Fall Product Program

2022 Cookie Program

Troop Number: \_\_\_\_\_ SU: \_\_\_\_\_  
 Troop Leader Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Service Unit (SU) Program Manager Name: \_\_\_\_\_  
 SU Program Manager Phone: \_\_\_\_\_ SU Program Manager Email: \_\_\_\_\_

### Delinquent Family Information:

Girl Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_

Collection Attempts: please list the dates and methods of contact of all collection attempts (at least 3 should be made prior to turning in this form). Please submit these communications if available.

Attempt 1: Date: \_\_\_\_\_ Method: \_\_\_\_\_  
 Notes: \_\_\_\_\_

Attempt 2: Date: \_\_\_\_\_ Method: \_\_\_\_\_  
 Notes: \_\_\_\_\_

Attempt 3: Date: \_\_\_\_\_ Method: \_\_\_\_\_  
 Notes: \_\_\_\_\_

	\$	\$	\$
		\$	
		\$	
# of items girl received (this total DOES NOT include booth sales)	Total \$ amount due for items sold	Date(s) and \$ amount(s) of any payment(s) made	Remaining balance owed

Troop Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form in its entirety to expedite reimbursement via ACH/ACH adjustment to the troop bank account. Attach original Parent/Guardian Permission & Financial Responsibility Agreement, copies of any and all receipts pertaining to this family, and copies of any communications. This submission is only valid if received by council by the given due date (see Troop Sales Manual for dates).

Mailing Address Girl Scouts of Alaska  
 Attn: Chrystal Kennedy  
 2000 W. International Airport Rd Ste C1  
 Anchorage, AK 99502