



# GSAK 2023-2024 Product Program Delinquent Account Form

2023 Fall Product Program

2024 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. These may be scanned and emailed to [customercare@girlscoutsalaska.org](mailto:customercare@girlscoutsalaska.org) ahead of mailing for an expedited process.

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