



GSAK 2025-2026 Product Program Delinquent Account Form

☐ 2025 Fall Product Program

☐ 2026 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 ahead of mailing for an expedited process.

Mailing Address: Girl Scouts of Alaska

Attn: Accounting

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Anchorage, AK 99502