Wells Fargo
Troop & Service Unit Bank Accounts

Girl Scouts – Spirit of Nebraska and Wells Fargo Bank have teamed up to help make opening your troop or service unit bank account much easier. Under this process, new troop or service unit bank accounts will not be charged a monthly fee. To get things started, this is what we need:

✓ Wells Fargo Troop or Service Unit Bank Account Authorization and the Authorization for Information – These forms must be completed prior to your first visit with Wells Fargo.
✓ At the time of opening your bank account, all signers must meet Wells Fargo’s account opening qualifications and provide them with the following:
  • Their personal Social Security Number
  • Primary ID (Driver’s License, State ID, passport)
  • and Secondary ID (ATM/debit card, credit card, other)

Once you have completed the above forms and you understand the above requirements, please contact Member Support at 402-558-8189 or MemberSupport@Girlscoutsnebraska.org to get the most up to date contact information for the Wells Fargo Representative in your area, or go to the Wells Fargo website to find a branch and set up an appointment.

https://appointments.wellsfargo.com/maa/appointment/topic

Please note: The new Wells Fargo troop bank accounts will NOT require a Troop Support Specialist to sign the signature card. All troop bank accounts must have at least two volunteer signers, and each signer must be a currently registered Adult Girl Scout Member with a background screening on file with the Council. For further questions regarding this, please contact your Troop Support Specialist.

After the troop bank account has been opened, volunteers must detach and return our Bank Account Information Form (last page) to Girl Scouts Spirit of Nebraska’s Finance Department, at the address indicated at the bottom of the form.

Revised 9/25/2019
Wells Fargo - Troop & Service Unit
Bank Account Authorization

This request, submitted in accordance with the Designation of Agency-Limited Authority dated 10/16/2019, (the “Designation of Agency”) by the Girl Scouts-Spirit of Nebraska (“Council”), serves as authorization to permit the designated Troop/Service Unit Leader/Manager/Treasurer to open the following account (the “Account”), in the name of the Council and using the Council’s TIN of 47-0432299, effective as of the date of this request. If a debit card is requested, the Debit Card Overdraft Services (DCOS) must be disabled. If a Troop Leader is replaced, Wells Fargo NA will follow normal Bank procedures to add and/or remove a leader/signer.

Signers must:
✓ Provide their personal Social Security Number
✓ Provide current identification:
  1. Primary ID: (Driver’s License, State ID, passport) AND
  2. Secondary ID: (ATM/debit card, credit card, other)
✓ Meet Wells Fargo account opening qualifications

To find a location - (from the Wells Fargo ATMs/Locations locator link at wellsfargo.com) – we recommend calling the location and setting up an appointment with a banker to make the process quicker - you can go to the following website to find a location and set up an appointment https://appointments.wellsfargo.com/mae/appointment/topic

The following elements marked with an asterisk (*) must be provided:
* Girl Scouts Spirit of Nebraska (TIN 47-0432299)
  Date Originally Established: 09/21/2016
  Entity Name Verification: Articles of Incorporation
  Document Filing # 1000820501
  Filing Date: 04/23/2006

* Troop/Service Unit Name or Number

* Primary Leader/Manager/Treasurer’s Physical (Residence) Street Address

The following individuals are authorized to open the Account(s) as Agents:

<table>
<thead>
<tr>
<th>Primary Leader/Manager/Treasurer</th>
<th>Secondary Leader/Manager/Treasurer</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Name: __________________________</td>
<td></td>
</tr>
<tr>
<td>* Street Address: __________________</td>
<td>________________________________</td>
</tr>
<tr>
<td>* City, State, Zip: _________________</td>
<td>________________________________</td>
</tr>
<tr>
<td>* Telephone: ______________________</td>
<td></td>
</tr>
</tbody>
</table>

Council represents to Bank that Council is authorized to make inquiries into banking transactions, account balances, and signatories without the consent of the Agent or the current signers on the Account, and Council may close the Account at any time and transfer the Account funds to Council, without the consent of the Agent or the current signers on the Account.

For Council Only:

Signature: ______________________________
Denise L Pratt
(800) 695-6690

Date: 10-11-2019
Chief Financial Officer
dpratt@girlscoutsnebraska.org

Questions? troopfinance@girlscoutsnebraska.org Or (800) 695-6690
5-Digit Troop or 3-Digit SU #: ______________________

**Account Signers**

*Must list all signers on this account.*

<table>
<thead>
<tr>
<th>Signer Full Name: __________________________</th>
<th>Signer Email: ___________________________</th>
<th>Treasurer?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signer Full Name: __________________________</td>
<td>Signer Email: __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signer Full Name: __________________________</td>
<td>Signer Email: __________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Financial Institution Information**

Bank Name: ________________________________  Account Type: □ Checking □ Savings

Street Address: ________________________________  Suite #: __________

City: ________________________________  State: __________  ZIP Code: __________

Bank Routing Number (ABA): __________  Account Number: __________

I certify that I am the owner or joint owner of the account(s) designated and am entitled to provide this information. I authorize Girl Scouts Spirit of Nebraska to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed above as well as any debit entries for product sales or other amounts owed the council. By signing this form, I am also giving consent to the above named Financial Institution to disclose/discuss this bank account information with Girl Scouts Spirit of Nebraska’s Finance Department. **This authorization will remain in effect until this account is closed.**

NOTE: This form will be presented to our banks upon their request. If any changes are made to your troop or service unit bank account, a newly signed and dated form must be submitted to the Finance Department. These changes include adding or changing signers on an account.

Co-Leader or SU Manager’s Signature: ________________________________  Date: __________

**ATTACH VOIDED CHECK HERE**

**Mail Applications To:**
Girl Scouts Spirit of Nebraska
Attn: Finance
2121 S 44th St
Omaha, NE 68105
TroopFinance@girlscoutsnebraska.org
Authorization For Information
In Connection With A Business Account Application

Banker Name: ____________________________ Officer/Portfolio Number: ____________ Date: ____________

Banker Phone: ____________________________ Store Number: ____________________________ Banker AII: ____________________________ Banker MAC: ____________________________

Business Account Applicant
Business Name: ____________________________

Owner/Key Individual 1 Information
Customer Name: ____________________________ Residence Address: ____________________________

Position/Title: ____________________________ Date of Birth: ____________ Phone Number: ____________

Taxpayer Identification Number (TIN): ____________ TIN Type: ____________________________

Primary ID Type: ____________________________ Primary ID Description: ____________________________

Primary ID State/Country: ____________________________ Primary ID Issue Date: ____________ Primary ID Expiration Date: ____________

Secondary ID Type: ____________________________ Secondary ID Description: ____________________________

Secondary ID State/Country: ____________________________ Secondary ID Issue Date: ____________ Secondary ID Expiration Date: ____________

Owner/Key Individual 2 Information
Customer Name: ____________________________ Residence Address: ____________________________

Position/Title: ____________________________ Date of Birth: ____________ Phone Number: ____________

Taxpayer Identification Number (TIN): ____________ TIN Type: ____________________________

Primary ID Type: ____________________________ Primary ID Description: ____________________________

Primary ID State/Country: ____________________________ Primary ID Issue Date: ____________ Primary ID Expiration Date: ____________

Secondary ID Type: ____________________________ Secondary ID Description: ____________________________

Secondary ID State/Country: ____________________________ Secondary ID Issue Date: ____________ Secondary ID Expiration Date: ____________

Manual Submission Instructions:
Route signed and completed form to Deposit Operations.
Scanner Enabled Stores should scan.

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Wells Fargo Internal Use When Blank
Wells Fargo Confidential When Completed
Owner/Key Individual 3 Information

Customer Name:  

Position/Title:  
Date of Birth:  
Phone Number:  

Residence Address:  
Address Line 2:  
Address Line 3:  

Taxpayer Identification Number (TIN):  
TIN Type:  

Primary ID Type:  
Primary ID Description:  
City:  
State:  
ZIP/Postal Code:  
Country:  

Primary ID State/Country:  
Primary ID Issue Date:  
Primary ID Expiration Date:  

Secondary ID Type:  
Secondary ID Description:  
Directional Address:  
(Document when no physical residence, business or alternate street address.)  
Secondary ID State/Country:  
Secondary ID Issue Date:  
Secondary ID Expiration Date:  

Owner/Key Individual 4 Information

Customer Name:  

Position/Title:  
Date of Birth:  
Phone Number:  

Residence Address:  
Address Line 2:  
Address Line 3:  

Taxpayer Identification Number (TIN):  
TIN Type:  

Primary ID Type:  
Primary ID Description:  
City:  
State:  
ZIP/Postal Code:  
Country:  

Primary ID State/Country:  
Primary ID Issue Date:  
Primary ID Expiration Date:  

Secondary ID Type:  
Secondary ID Description:  
Directional Address:  
(Document when no physical residence, business or alternate street address.)  
Secondary ID State/Country:  
Secondary ID Issue Date:  
Secondary ID Expiration Date:  

Signature Capture - Owners/Key Individuals

By signing this form, I authorize "Wells Fargo Bank" to obtain verifications and reports from agencies on my accounts and financial affairs from time to time, such as credit bureau reports and account status reports on me as an individual, in connection with the business account application identified above and any other account applications by this business. I understand that Wells Fargo requests this information to reduce fraudulent accounts, to prevent access to financial information and accounts by unauthorized persons, and for other legitimate business reasons. Should the information obtained from any such verification or report cause Wells Fargo to decide to deny the account application for the above-named business, I also authorize Wells Fargo to communicate, either explicitly or implicitly, to any co-applicant and to any co-owner, director, officer, or employee of the business that the denial was based in whole or in part on such information. I also authorize Wells Fargo to use such information and to share it with its affiliates in order to determine whether the business is qualified for other products and services offered by Wells Fargo and its affiliates.

Owner/Key Individual 1 Name  

Position/Title:  

Owner/Key Individual 1 Signature  

Date:  

Manual Submission Instructions:
Route signed and completed form to Deposit Operations.
Scanner Enabled Stores should scan.
Authorization for Information In Connection with a Business Account Application

Owner/Key Individual 2 Name: 

Owner/Key Individual 2 Signature: 

Date: 

Owner/Key Individual 3 Name: 

Owner/Key Individual 3 Signature: 

Date: 

Owner/Key Individual 4 Name: 

Owner/Key Individual 4 Signature: 

Date: 

Manual Submission Instructions:
Route signed and completed form to Deposit Operations.
Scanner Enabled Stores should scan.

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