

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 one of the following Wells Fargo Representatives in your area:

Grand Island: Doreen Anderson
doreen.d.anderson@wellsfargo.com Phone: 308-389-8943
3404 W 13th St. Grand Island, NE 68803

Omaha: Christina Hoffart
christina.k.hoffart@wellsfargo.com Phone: 402-561-7770
4425 Center St. Omaha, NE 68105

Omaha: Ali Yousuf
Ali.yousuf@wellsfargo.com Phone: 402-561-7779
4425 Center St. Omaha, NE 68105

Omaha: Tanisha Jackson
Tanisha.d.jackson@wellsfargo.com Phone: 402-561-7774
4425 Center St. Omaha, NE 68105

Kearney: Jessica Ludowese
Jessica.l.ludowese@wellsfargo.com Phone: 308-233-5618
21 W 21st St. Kearney, NE 68847-5322

Kearney: Chad Shepardson
Chad.shepardson@wellsfargo.com Phone: 308-234-1826
21 W 21st St. Kearney, NE 68847-5322

Lincoln: Jeff McDonald
jeffrey.t.mcdonald@wellsfargo.com Phone: 402-434-4253
1248 O St. Lincoln, NE 68508

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.



Wells Fargo - Troop & Service Unit Bank Account Authorization

This request, submitted in accordance with the Designation of Agency-Limited Authority dated 11/23/15, (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.

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

Preferred location (from the Wells Fargo ATMs/Locations locator link at wells Fargo.com): 4425 Center Street, Omaha, NE 68105

The following elements marked with an asterisk (*) must be provided:

* Girl Scouts Spirit of Nebraska (Full Legal Name of Girl Scout Council)

* 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 with 2 columns: Primary Leader/Manager/Treasurer, Secondary Leader/Manager/Treasurer. Rows for Name, Street Address, City, State, Zip, Telephone.

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:

Handwritten signature of Jodi M. Prewitt

* Signature
Jodi M. Prewitt
* Printed name
(800) 695-6690
* Business telephone number

Handwritten date 05/12/2017

* Date
Chief Financial and Administrative Officer
* Title
jprewitt@girlscoutsnebraska.org
* Business email address

Authorization For Information

In Connection With A Business Account Application



| | | | |
|---------------|---------------------------|------------|-------------|
| Banker Name: | Officer/Portfolio Number: | Date: | |
| Banker Phone: | Store Number: | Banker AU: | Banker MAC: |

Business Account Applicant

Business Name: Girl Scouts Spirit of Nebraska Troop #

Owner/Key Individual 1 Information

| | | | | |
|---------------------------------------|---------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------|----------|
| Customer Name: | | | Residence Address: | |
| Position/Title: | Date of Birth: | Phone Number: | Address Line 2: | |
| Taxpayer Identification Number (TIN): | | TIN Type: | Address Line 3: | |
| Primary ID Type: | Primary ID Description: | | City: | State: |
| Primary ID State/Country: | Primary ID Issue Date: | Primary ID Expiration Date: | ZIP/Postal Code: | Country: |
| Secondary ID Type: | Secondary ID Description: | | Directional Address: <i>(Document when no physical residence, business or alternate street address.)</i> | |
| 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: | Address Line 2: | |
| Taxpayer Identification Number (TIN): | | TIN Type: | Address Line 3: | |
| Primary ID Type: | Primary ID Description: | | City: | State: |
| Primary ID State/Country: | Primary ID Issue Date: | Primary ID Expiration Date: | ZIP/Postal Code: | Country: |
| Secondary ID Type: | Secondary ID Description: | | Directional Address: <i>(Document when no physical residence, business or alternate street address.)</i> | |
| 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.



BBG18141 (4-09 FOL)

© 2009 Wells Fargo Bank, N.A. All rights reserved.

FO01-0000BBG18141-01

Owner/Key Individual 3 Information

| | | | | | |
|---------------------------------------|--|--|-------------------------------------------------------------------------------------|--|--|
| Customer Name: | | | Residence Address: | | |
| Position/Title: | | | Address Line 2: | | |
| Date of Birth: | | | Address Line 3: | | |
| Phone Number: | | | City: | | |
| Taxpayer Identification Number (TIN): | | | State: | | |
| TIN Type: | | | ZIP/Postal Code: | | |
| Primary ID Type: | | | Country: | | |
| Primary ID Description: | | | Directional Address: | | |
| Primary ID State/Country: | | | <i>(Document when no physical residence, business or alternate street address.)</i> | | |
| Primary ID Issue Date: | | | Secondary ID Type: | | |
| Primary ID Expiration Date: | | | Secondary ID Description: | | |
| Secondary ID State/Country: | | | Secondary ID Issue Date: | | |
| Secondary ID Issue Date: | | | Secondary ID Expiration Date: | | |
| Secondary ID Expiration Date: | | | | | |

Owner/Key Individual 4 Information

| | | | | | |
|---------------------------------------|--|--|-------------------------------------------------------------------------------------|--|--|
| Customer Name: | | | Residence Address: | | |
| Position/Title: | | | Address Line 2: | | |
| Date of Birth: | | | Address Line 3: | | |
| Phone Number: | | | City: | | |
| Taxpayer Identification Number (TIN): | | | State: | | |
| TIN Type: | | | ZIP/Postal Code: | | |
| Primary ID Type: | | | Country: | | |
| Primary ID Description: | | | Directional Address: | | |
| Primary ID State/Country: | | | <i>(Document when no physical residence, business or alternate street address.)</i> | | |
| Primary ID Issue Date: | | | Secondary ID Type: | | |
| Primary ID Expiration Date: | | | Secondary ID Description: | | |
| Secondary ID State/Country: | | | Secondary ID Issue Date: | | |
| Secondary ID Issue Date: | | | Secondary ID Expiration 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

Position/Title:

Owner/Key Individual 2 Signature

Date:

Owner/Key Individual 3 Name

Position/Title:

Owner/Key Individual 3 Signature

Date:

Owner/Key Individual 4 Name

Position/Title:

Owner/Key Individual 4 Signature

Date:

Manual Submission Instructions:

Route signed and completed form to
Deposit Operations.

Scanner Enabled Stores should scan.

BBG18141 (4-09 FOL)

© 2009 Wells Fargo Bank, N.A. All rights reserved.



FO01-0000BBG18141-03



Bank Account Information

5-Digit Troop or 3-Digit SU #: _____

Account Signers

Must list all signers on this account.

Treasurer?

Signer Full Name: _____ Signer Email: _____ Yes No

Signer Full Name: _____ Signer Email: _____ Yes No

Signer Full Name: _____ Signer Email: _____ Yes No

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