

## 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](mailto: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.**

**Wells Fargo - Troop & Service Unit  
Bank Account Authorization**

This request, submitted in accordance with the Designation of Agency-Limited Authority dated **06/30/2020**, (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 wells Fargo.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/maa/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:**

	<i>Primary Leader/Manager/Treasurer</i>	<i>Secondary Leader/Manager/Treasurer</i>
* 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:**

\_\_\_\_\_  
\* Signature  
Halsey L Ruhl  
(800) 695-6690

\_\_\_\_\_  
\* Date  
06/30/2020  
Chief Financial Officer  
hruhl@girlscoutsnebraska.org



# 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

# 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:

## 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.



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**Owner/Key Individual 3 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 4 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:			

**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:

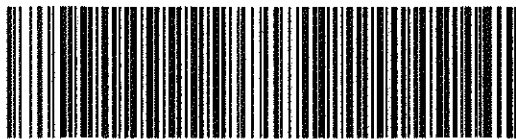
**Manual Submission Instructions:**

Route signed and completed form to  
Deposit Operations.

Scanner Enabled Stores should scan.

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Page 3 of 3

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