

UNIT ACCOUNT AUTHORIZATION FORM

National Unit # _____ Unit type (circle one): Pack Troop Team Crew Post

District # _____ Charter Renewal Date: _____

Charter Organization: _____

We understand a Unit Account has been established for our unit at the Council Service center. Funds deposited to this account can be used for payment at future dates.

We authorize the following individuals to make withdraws from this account for the purposes indicated: (please mark all that apply)

Authorized Individuals (Please print)	Signature	Scout Shop Purchases	Camp Fees	Council & District Activities	Registration & Boy's Life Fees
1)					
2)					
3)					

Unit Accounts can only be debited by authorized individuals, up to the amount available. Authorizations are in effect until the expiration date of the current charter, or the receipt of a new authorization form signed by the Unit Leader and the Unit Committee Chairman.

Unit Committee Chairman Name (please print) _____

Signature: _____

Date: _____

Address: _____

Phone # _____

Cubmaster/Scoutmaster/Crew Advisor/Exploring Advisor Name (Please print) _____

Signature: _____

Date: _____

Address: _____

Phone # _____

Return to: Heart of America, BSA
10210 Holmes Road
Kansas City, MO 64131-4212

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Fax: 816-942-8086