



DEBIT ADJUSTMENT REQUEST

Complete and return to Council Product Programs Manager

Date: _____ Service Unit: _____ Troop #: _____
 Troop Leader: _____ Phone #: _____
 _____ Email: _____
 Troop Product Chair: _____ Phone #: _____
 _____ Email: _____
 Service Unit Product Chair: _____ Phone #: _____

Fall Product Program Cookie Program

Amount to be adjusted may be no less than 75% of what is due. The balance remaining due after the debit must be available for debit by no later than one month after the debit date (exclusive of any Discrepancy Reports on file).

A. Total Due Council:	
B. Requested Adjusted Amount To Be Debited:	
C. Balance Remaining (A-B):	
Date Remaining Balance Can Be Debited:	

A copy of your most current bank statement or applicable transactions record (including current balance) MUST be attached. For Fall Product Program, include November's transaction information; for the first Cookie Program debit include February (to date); for final Cookie Program debit, include March (to date).

Reason for Request: _____

If reason for request includes payment owed by parent, and there are no other funds in the troop's account, has a Discrepancy Report been submitted to the Council Product Sales Manager? Yes No

If No, why not? _____

If Yes, please attach the Discrepancy Report(s) AND include the following information:

Amount Owed by Parent(s): \$ _____ Product in troop's inventory: Packages: _____ Cases _____
 Amount in Troop Bank Account: \$ _____

The undersigned have agreed that the requested adjusted amount will be debited on the scheduled debit date as listed in the applicable *Troop Guide*, and that the remaining balance due will be debited from the troop's account on the agreed upon date, as noted above. If either debit attempt is returned by the bank for any reason (including, but not limited to, insufficient funds (NSF)), the undersigned agree that any fees incurred by council will be added to the balance due. The undersigned have also agreed that the troop is responsible for funds due to council even if there is a parent debt to the troop.

Requested By: _____ Date: _____
Print Name

Signature

Council Product Programs Manager _____ Date: _____
Signature

For the purposes of this document, Troop Product Chair or Service Unit Product Chair refers generally to the roles relative to the product program season (Fall Product Program or Cookie Program) for which the debit adjustment request is being made.