



DEBIT ADJUSTMENT REQUEST

Complete and return to Council Product Sales Manager

Date: _____ Service Unit: _____ Troop #: _____

Troop Leader: _____ Phone #: _____

Email: _____

Troop Product Chair: _____ Phone #: _____

Email: _____

Service Unit Product Chair: _____ Phone #: _____

Fall Product Program

Cookie Program

Total Due Council:	
Requested Adjusted Amount:	
Balance Remaining:	
Date Balance Will Be Debited:	

Reason for Request: _____

If reason for request includes payment owed by parent, has a Discrepancy Report been submitted to the Council Product Sales Manager? Yes No If no, why not? _____

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 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.

Requested By: _____ Date: _____

Print Name

Signature

Product Sales 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 sale program (Fall Product Program or Cookie Program) for which the debit adjustment request is being made.