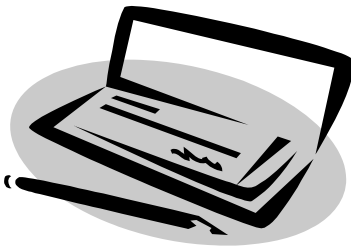


Girl Scouts of Western Washington
Making Changes to Troop / SU Accounts
Quick Reference

ALL GIRL SCOUT BANKING SERVICES ARE CONDUCTED THROUGH THE GIRL SCOUTS OF WESTERN WASHINGTON BANKING COORDINATOR. PLEASE DO NOT GO TO THE BANK DIRECTLY WITH YOUR CONCERNS, ISSUES OR ORDERS.

- Please print clearly when completing the front and the back of form.
- Include **all signers** for your Troop or Service Unit. Once the form is completed it will reflect the desired changes and will be considered the **new** signature card for your Troop or Service Unit bank account.
- Please keep signers in the same order on both the back and the front of the form.
- Make sure you have turned in all adult signer membership registration and that they have a cleared criminal background check on file.
- The Banking Coordinator will verify the adult signers are current registered Girl Scout members in the council's membership database and have a cleared criminal background check on file before the change can be authorized.
- Any statement address changes made on accounts that **do not** require an adult signature change can be requested in writing (U.S. Postal, e-mail, or fax). The person making the request will need to print and sign her/his name and include a phone contact. If she/he chooses to fax, please call the Banking Coordinator to confirm the fax was received. (FAX #: 206-633-5099, Attn: Racquel Wardlow)
- Any changes to your account **MUST** be done through the Banking Coordinator. Please **do not** contact the bank directly.
- Send your completed form to:



Racquel Wardlow, Banking Coordinator

Girl Scouts of Western Washington

P.O. Box 900961

Seattle, WA 98109

206-267-1867 or 800-767-6845 ext. 323

rwardlow@girlscoutsww.org

Find forms on-line at: <http://www.girlscoutsww.org/programs/forms>.

Business Financial Relationship Agreement - Change of Signatures, Page 2

COMPLETE LEGAL BUSINESS NAME Girl Scouts of Western Washington, SU# Troop#	BUSINESS STREET ADDRESS 601 Valley St.
TAX IDENTIFICATION NUMBER (FEDERAL) 0940	CITY STATE ZIP BUSINESS PHONE Seattle, WA 98109 (206) 267-1867
DOING BUSINESS AS (Show name if different from legal business name.)	<input checked="" type="checkbox"/> BUSINESS MAILING ADDRESS IF DIFFERENT FROM STREET ADDRESS

TYPE OF BUSINESS (Please be specific. E.g. retail sporting goods store.) Non-Profit	CITY STATE ZIP BUSINESS PHONE
Are you a Money Service Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Email Address:

Bank of America Instructions

Unless box A has been checked, all persons listed as authorized persons will have the authority to designate additional authorized persons on an account or delete authorized persons from an account and will have the authority to obligate this Business Unit to contracts and agreements with Bank of America, N.A.

PRINTED NAME	SIGNATURE
A	
<input checked="" type="checkbox"/> 1	_____
<input checked="" type="checkbox"/> 2	_____
3	_____
4	_____
5	_____

Deposit Accounts														
	Business Advantage	FirstChoice Business	FirstChoice Business Interest	Business Checking	Pooled JOLTA/RETA	Other	ATM Card	Check Card	Market Rate Savings	3-12 Month CD	1-10 Year CD	Jumbo CD	Account Closed	Interest Maximizer
Account Numbers				<input checked="" type="checkbox"/>										

Check if authorization for facsimile signatures is on file. Complete form 93-14-5293NSB

Business Resolution of Authority, Account Contract and IRS Certification Statement

DATE:

M	M	D	D	Y	Y	Y	Y
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It is resolved and agreed that Bank of America, N.A. (hereinafter "Bank") is selected as the Bank of deposit for the funds of this Business Unit and that the terms of the Customer Agreement, as now or hereafter in effect, shall be binding on this Business Unit with respect to any checking, savings or certificate of deposit account (each hereafter "Deposit Account") opened with Bank pursuant to this Business Resolution of Authority Account Contract (hereafter "Resolution").

The individuals authorized to act for and bind this Business Unit pursuant to this Resolution (Authorized Signers) are identified above and, if necessary, on any Additional Business Signatures form (together including any changes or replacements delivered to Bank in accordance with the Customer Agreement) delivered to Bank for each such Deposit Account(s) or as authorized by this Resolution to any other Deposit Account. Any Authorized Signer may act on behalf of this Business Unit as provided in the Customer Agreement.

This is a continuing Resolution upon which Bank may fully rely without inquiry, unless terminated in accordance with the Customer Agreement by Authorized Signers or by the Board of Directors or similar governing body of the Business Unit.

SOLE OWNERSHIP, PARTNERSHIP, LIMITED LIABILITY COMPANY, CORPORATION, UNINCORPORATED GROUP AND OTHER (Shareholder consent; see below if approved by Board):

We certify (a) under penalties of perjury that the IRS Certification Statement to the right is true and correct in all respects, (b) that the Business Unit is in good standing and authorized to do business in the State of **WASHINGTON** as a:

- Sole ownership, (check one): single name, joint with right of survivorship, joint without right of survivorship, (c) that the sole owner (and spouse if participating in the business); or
- Partnership (check one): limited, general © that all of the general partners; or
- Limited Liability Company, © that all managing members (or if none, all members); or
- Corporation, (c) that all of the shareholders (if not, complete Corporate Board Resolution certification); or
- Association/Unincorporated Group, (c) and that the authorized representative(s) (as documented on reverse); or
- Other: _____, (c) and that the authorized representative(s) (as documented on reverse): have signed below on the date referenced above and (d) agree on behalf of the Business Unit to be bound by the Resolution and Customer Agreement.

IRS CERTIFICATION

- A. I am a U.S. citizen, resident alien or U.S. entity, and the number shown above is my correct Taxpayer Identification Number (Social Security Number, Employer Identification Number, Employer Identification Number),
- AND** (Please check 1 or 2.)
- 1) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends or the IRS has notified me that I am no longer subject to backup withholding.
- OR**
- 2) I have been notified by the IRS that I am subject to backup withholding and I have not received a notice from the IRS advising me that backup withholding has been terminated.
- OR**
- B. This Business Unit is a U.S. entity, the number shown above is the entity's Taxpayer Identification Number, and the entity is EXEMPT from backup withholding.

Nonresident Alien Status (if applicable)
If all beneficial owners are considered foreign persons under United States tax law, check here and complete and sign the applicable Form(s) W-8.

CORPORATION (Board Resolution) (complete if not signed above by all shareholders)

We certify (a) under penalties of perjury that the IRS Certification Statement to the right is true and correct in all respects; (b) that the Business Unit is a corporation in good standing and authorized to do business in the State of **WASHINGTON**; and, (c) that the Resolution and Customer Agreement was duly adopted by the Board of Directors:

- 1) At a meeting duly called and held on _____; or
- 2) By the undersigned unanimous consent of the entire Board of Directors which is permitted by applicable law and the Articles and Bylaws of this Corporation; and,
- 3) In either case this resolution appears of record in the minute book of the corporation and has not been amended or revoked as of this date _____.

Banking Coordinator _____ Troop Leader _____

See separate certification instructions.



Bank Use Only

BUSINESS ENTITY VERIFICATION (Refer to PRO for required business account documentation)

Checks System Verification Required.		Business Entity NRF	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> General Partners	<input type="checkbox"/> Associated/Unincorporated Group Members		
Name _____	Year _____	State _____		
Name _____	Year _____	State _____		
Name _____	Year _____	State _____		
Name _____	Year _____	State _____		
Name _____	Year _____	State _____		
Name _____	Year _____	State _____		

PERSONAL IDENTIFICATION (Required for Corporate Officers, Managing Members, Board of Directors & Association Members)

1 NAME		
ADDRESS	CITY	STATE
RELATIONSHIP TO TROOP / GROUP	PHONE NUMBER	
2 NAME		
ADDRESS	CITY	STATE
RELATIONSHIP TO TROOP / GROUP	PHONE NUMBER	
3 NAME		
ADDRESS	CITY	STATE
RELATIONSHIP TO TROOP / GROUP	PHONE NUMBER	
4 NAME		
ADDRESS	CITY	STATE
RELATIONSHIP TO TROOP / GROUP	PHONE NUMBER	
5 NAME		
ADDRESS	CITY	STATE
RELATIONSHIP TO TROOP / GROUP	PHONE NUMBER	
6 NAME		
ADDRESS	CITY	STATE
RELATIONSHIP TO TROOP / GROUP	PHONE NUMBER	