

Date of submission: \_\_\_\_\_

## 2025 Delinquent Account

Fill out a Delinquent Account form prior to the 1st ACH and the final ACH for **each person** who owes money for cookies. Submitted forms must include **ALL** supporting documentation. Delinquent Account forms will **NOT** be accepted by GSHG after **March 10<sup>th</sup>** for Final ACH.

**The following supporting documentation MUST be provided:**

- Delinquent Account form
- Copies of **ALL** receipts for cookies/payments
- A copy of the signed Parent Permission form
- Any correspondence(s) (emails, texts, etc.)

**Responsible Party (circle one):**      **Parent/Caregiver**      **Troop Cookie Program Manager**

Troop # \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_

Girl(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Permission Form submitted to Council? ☐ Yes ☐ No

Troop Debt and Parent Debt forms submitted to Council? ☐ Yes ☐ No

**Signed** product receipt(s) attached? ☐ Yes ☐ No

**Troop Cookie Program Manager is responsible for debt if no paperwork is provided!!**

Original Amount Due: \$ \_\_\_\_\_ Payment(s) Made to Date: \$ \_\_\_\_\_ Current Due: \$ \_\_\_\_\_

**Please provide communication notes below:** *(continue on additional page(s) as needed)*

Contact Type: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Type: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Internal Use Only:

☐ In S.F. Case # \_\_\_\_\_

☐ eBudde Sales Report attached

**Council communication notes:**

Contact Type: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_