



**Lincoln Trails Council
Service Center Unit Deposit Account
Authorization Form**

Pack # _____ Troop # _____ Crew # _____ Post# _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Our Unit Authorizes the following adults to use our unit deposit account. We will notify the council of any changes.

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

_____ **Our unit authorizes Lincoln Trails Council to withdraw funds from our unit account to cover unpaid registration, insurance, and Boys' Life Fees.**

Our unit would like statements for our unit account provided (Circle One):

Monthly Quarterly Semi-annual Annually

Treasurer Name _____ Email address _____

Procedure for using the Service Center Unit Deposit Account

1. A deposit of \$10 will open the account.
2. Submit this form for names of authorized users.
3. **Fill out a new form every year at charter time.**
4. Charges may be made in person or via mail, phone or email.
5. Charges may be made only to the limit of account balance.
6. A receipt will be issued with each purchase showing balance remaining in account.

Personal charges (where unit is not involved) may not be charged.

Signature of Unit Committee Chairman

Date

Office Use Only: Account # _____ Date Updated _____
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