



## UNPAID FUNDS COLLECTION ASSISTANCE FORM

Troop # \_\_\_\_\_ Service Unit Name/Number \_\_\_\_\_

Cookie Parent/Leader Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

### Unpaid Funds Information

Responsible Party:  Parent/Caregiver  Troop

Parent/Caregiver or Troop Leaders Name: \_\_\_\_\_

Girl Name: \_\_\_\_\_

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

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

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

Original Amount Due: \$ \_\_\_\_\_ Payments Made to Date: \$ \_\_\_\_\_ Current Due: \$ \_\_\_\_\_

- Signed Parent/Caregiver or Troop Product manager Agreement must be attached**
- Signed product Sales receipts must be attached**

Cookie Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Product Sales Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Cookie Sale 20\_\_  Fall Sale 20\_\_ **Internal use only: SF Case # \_\_\_\_\_**

### Please provide communication notes below and any other background information o back

*First Contact Attempt* Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Type \_\_\_\_\_  
(phone, email, social media, etc)

Conversation details/notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Second Contact Attempt* Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Type \_\_\_\_\_  
(phone, email, social media, etc)

Conversation details/notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Must notify council within 5 business days of payment issue.**