

UNPAID FUNDS COLLECTION ASSISTANCE FORM

Must be submitted with supporting documentation by required deadline.

Cookie Program Mags & Munchies Program

Troop #: _____ Service Unit: _____

Troop Product Manager/Leader Name: _____

Phone #: _____ Email: _____

Unpaid Funds Information

Responsible Party: Parent/Guardian Troop Product Manager Leader/Co-Leader

Name of Responsible Party: _____

Girl Name: _____

Address: _____ City: _____ State: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

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

- Signed Guardian Permission Form or Troop Cookie Manager Agreement must be attached.**
- Signed product sales receipts must be attached.**
- Copy of any written communication must be attached. One communication attempt must be in writing.**

Signature: _____ Date: _____

Please provide communication notes below and any other background information on 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:

Third Contact Attempt

Date: _____

Time: _____

Contact Type: _____

(Phone, Email, Social Media, etc.)

Conversation Details/Notes:

