



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: _____

PPC Signature: _____ Date: _____

Cookie Sale 20__ Fall Sale 20__

Internal use only: SF Case # _____

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: _____

Must notify council within 5 business days of payment issue.