



Girl Scouts of the Chesapeake Bay Council, Inc.

501 S. College Avenue | Newark, DE 19713 | (302) 456-7150 or (800) 341-4007 | 302-456-7188 Facsimile

Parent/Guardian Past-Due Cookie Payment Request

Service Unit # _____ Troop # _____

Person Responsible for money due to Troop

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (H) _____ (W) _____

Total Amount Owed _____ Date Mailed _____

Amount Paid to Date _____ Balance Due _____

Cookies received on behalf of _____ Girl's Name

According to the records for the troop, you still owe for cookies received during the current Cookie Program. The date for final payment has past. A copy of this notice has been sent to the Council Office as part of the required paperwork for the Cookie Program. Please contact me at the number below to make immediate arrangements to pay the balance due.

In signing for the cookies received, you accepted full financial responsibility and agreed to submit payments according to the established deadline dates. Girl Scout Troops depend on funds generated by the Cookie Program to meet the expense for program goals planned by the girls. In order to make payment to the Council and meet Troop expenses, full payment must be received within five (5) days from the postmark of this letter. The girls are counting on your prompt attention to this matter.

Upon receipt of Parent/Guardian Past-Due Cookie Payment Request form, GSCBC, Inc. will turn your account over to our collection agency. There will be a \$25 fee charged to all unpaid accounts. If there is no response within 4 weeks of submission to collection agency, a certified letter will be sent and legal action will be taken to collect the funds owed to the Girl Scouts.

Thank you, in advance, for your cooperation.

Troop Cookie Manager

Phone Number

Troop Cookie Manager:

Upon payment receipt, please note payment information in the box below and submit to the Council Office. This notification will stop any collection action on behalf of the troop. Thank you.

Date payment received _____

Amount if payment _____

Received by _____

Balance due _____

If not paid in full, please note payment arrangements _____

White copy – To above addressee – to be mailed certified, return receipt requested.

Yellow copy – To Council Office with final paperwork: attach certified mail receipt.

Pink copy – To Service Unit Cookie Program Manager.

Gold copy – Retained by sender (Please use to report payment in the shaded box above.)

009-PSD Parent Guardian Past Due Form