

# Delinquent Account Form Troop / Family

NAME/ADDRESS OF GIRL	AMT DUE	AMT PAID	BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NAME/ PHONE / ADDRESS OF PARENT/GUARDIAN**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHONE** (\_\_\_\_\_) \_\_\_\_\_

**TROOP#** \_\_\_\_\_  
**TROOP LEADER** \_\_\_\_\_

**TROOP SALES MANAGER** \_\_\_\_\_

**SU#** \_\_\_\_\_  
**SERVICE UNIT SALES MANAGER** \_\_\_\_\_

COLLECTION ACTION TAKEN:		
DATE CONTACTED	BY	RESULTS
_____	_____ TSM	_____
_____	_____ TSM	_____
_____	_____ TL	_____
_____	_____ SUSM	_____
_____	_____ PSM	_____
_____	_____ PSM	_____

**Troop:**

- Contact parents as soon as it becomes evident weekly payments are not being made.
- Make final request for money. Give family 24 hours to comply. Record results of contact.
- If, after 24 hours, you still have not collected all money, complete this form.
- Attach signed parent permission form / financial agreement, receipts for cookies ordered and received, and receipts for money collected for each delinquent account.
- Give this form and supporting documents to SUSM with all paperwork due.

**Service Unit:**

- Make final request for money due. Give family/troop 24 hours to comply.
- Include completed form on delinquent accounts with your final paperwork.

**Reminder:** Do not include delinquent account when calculating profit for troops or Service Snit.