



## 2024 Excess Cookie Responsibility Form

**AS PARENT/GUARDIAN, I AGREE TO THE FOLLOWING:**

I will be financially responsible for all cookies and will provide a credit card number that will be charged if I don't deposit 100% of the amount due to the council into an approved council deposit account by March 12, 2024.

I understand the council will keep this form in a secure location and the credit card information listed below will be destroyed after payment in full has been made. I must make a deposit every time I pick up more cookies and can never owe for more than 10 cases valued at \$720.

***Please use ink and print clearly.***

Parent/Guardian Name \_\_\_\_\_

Girl Scout Name \_\_\_\_\_

Parent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (W) \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Preferred cookie cupboard location \_\_\_\_\_

**Type of Credit Card** (Choose One)      Visa      MasterCard      Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ (MO/YEAR)    CVC Code (3-digits) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_