

Pre-Paid Charge Account Application

Pack # ___ Troop # ___ Crew # ___ Post # ___ District: _____

Our unit has authorized the following adult members to use the pre-paid charge account. (Only the people whose names appear on this card are authorized to use the unit account). No supplies will be sent unless there are adequate funds on deposit to take care of the full transaction.

Authorized Users of the Unit Deposit Account (UDA) Please type or print

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Approval Signatures: Committee Chairman: _____

Unit Leader: _____

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