



Greater Indianapolis Progress Committee

FISCAL AGENT AUTHORIZATION FORM: RECEIPT OF PAYMENT

Please return an executed copy of this form within 5 business days of receiving payment.

Date: _____

Account: _____

Account Balance: \$ _____

I, _____, hereby attest that _____ received
check number _____ issued on _____ for \$ _____.

Authorized Fiscal Agent Officer:

Signature Date

Printed Name