



Greater Indianapolis Progress Committee

FISCAL AGENT AUTHORIZATION FORM: PAYMENT REQUEST

Any request of \$200 or more and all City employee reimbursements require the signature of the Chief of Staff.

IRS Form W-9 required for first-time payees meeting the following criteria: a) payment is for services or other IRS Form-1099 income and b) total payments may approach or exceed \$600 for the calendar year.

Account: _____ Date: _____

Authorization of a payment in the amount of: \$ _____

To Cover: _____

Payable to: NBofl Credit Card Payments

Address: P.O. Box 6158

City, State Zip: Indianapolis, IN 46206-6158

Phone: n/a Email: n/a

Payment method:

☐ **Check** (Direct mail to payee from bank)

☐ **EFT/ACH** (EFT/ACH Authorization Form required for first-time payees)

Authorized Fiscal Agent Officer:

GIPC Executive Director:

Signature Date

Signature Date

Printed Name

Emily C. Koschnick
Printed Name

Chief of Staff:

Signature Date

Daniel J. Parker
Printed Name