



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.

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*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.*

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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)

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**Authorized Fiscal Agent Officer:**

**GIPC Executive Director:**

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

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

\_\_\_\_\_  
Printed Name

Elizabeth L. White  
Printed Name

**Chief of Staff:**

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

Taylor Schaffer  
Printed Name