



Greater Indianapolis Progress Committee

## FISCAL AGENT AUTHORIZATION FORM: DEPOSIT REQUEST

Deposit requests of \$5,000 or more require this Authorization Form.

Account: \_\_\_\_\_

Date: \_\_\_\_\_

Amount to be deposited: \$ \_\_\_\_\_

To Cover: \_\_\_\_\_

Received from: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Authorized Fiscal Agent Officer:**

**GIPC Executive Director:**

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

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

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

Elizabeth L. White  
\_\_\_\_\_  
Printed Name