

Greater Indianapolis Progress Committee

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EFT/ACH AUTHORIZATION FORM

Please provide all required information below.

SECTION I – PAYEE INFORMATION

Payee Name: _____

Contact Name (if different from above): _____

Contact Position: _____

Address: _____

City, State Zip: _____

Phone: _____ Email: _____

SECTION II – PAYMENT INFORMATION

Financial Institution Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Payment Type*: ☐ EFT ☐ ACH

Account Type: ☐ Checking ☐ Savings

*EFT not available for payments over \$50,000.

ABA/Routing Number: _____ Account Number: _____

Please attach a copy of a voided check.

SECTION III – AUTHORIZATION AGREEMENT

I (we), _____, hereby authorize the Greater Indianapolis Progress Committee ("GIPC") to initiate EFT or ACH credit entries as designated in Section II to the account identified therein and to credit the same to such account. I (we) acknowledge that the origination of EFT or ACH transactions to my (our) account must comply with the provisions of the law. This authorization is to remain in full force and effect until GIPC has received written notification from me (us) of its termination in such time and in such manner as to afford GIPC and the financial institution identified in Section II a reasonable opportunity to act on it.

Authorized Signature

Date

SECTION IV – FOR OFFICE USE ONLY

Enrolled in EFT/ACH payments: ☐ Date: _____