



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: _____

Authorized Fiscal Agent Officer:

GIPC Executive Director:

Signature Date

Signature Date

Printed Name

Elizabeth L. White

Printed Name