



Greater Indianapolis Progress Committee

FISCAL AGENT AUTHORIZATION FORM: RECEIPT OF REPORTS

Please return an executed copy of this form within 5 business days of receiving the detailed transaction reports.

Date: _____

Account: _____

Account Balance: \$ _____

I, _____, hereby attest that I have reviewed and understand the detailed transaction reports provided to me on _____. I further attest that the account balance and all transactions shown are accurate to the best of my knowledge.

Authorized Fiscal Agent Officer:

Signature Date

Printed Name