



Greater Indianapolis Progress Committee

FISCAL AGENT AUTHORIZATION FORM: TRANSFER REQUEST

Date: _____

Authorization of a transfer in the amount of: \$ _____

Originating Account: _____

Receiving Account: _____

Reason for the transfer:

Authorized Fiscal Agent Officers:

Originating Account:

Receiving Account:

Signature Date

Signature Date

Printed Name

Printed Name

GIPC Executive Director:

Signature Date

Elizabeth L. White
Printed Name