



SPECIFIED RECIPIENT SEPARATE AND SEGREGATED BANK ACCOUNT INFORMATION

State Form 54919 (2-12)
Approved by State Board of Accounts, 2012
INDIANA GAMING COMMISSION
Pursuant to IC 4-33-23

Account Information

Name of bank

Address (*number and street*)

City

State

ZIP code

Name of separate and segregated bank account

Account number

(Attach additional sheets if necessary.)

List Persons with Signature Authority
