



## Adjustment Verification Form

By completing and signing this form, you are verifying that you have reviewed the adjustment and approve FHLBank Indianapolis' recovery of the funds indicated.

Household Name \_\_\_\_\_

Return Amount \_\_\_\_\_

FHLBI Member Organization \_\_\_\_\_

Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_