



Michael W. Frerichs

ILLINOIS STATE TREASURER

## Financial Institution Information Sheet

Financial Institution Name\_\_\_\_\_

Bank President\_\_\_\_\_Email Address\_\_\_\_\_

Street Address\_\_\_\_\_County\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone # \_\_\_\_\_Fax # \_\_\_\_\_

Please provide contact names for those individuals authorized by your institution to renew the following time deposits and execute collateral transactions. (These same individuals must be listed on Exhibit A Certificate of Incumbency of the Deposit Agreement between the financial institution and state treasurer. Please provide phone, fax and emails next to the appropriate names below if different than what you provided above.

### Access to Capital Time Deposit:

*Including: Community Uplift Program, Protest, G.O., Debt, Escrow and Toll Highway*

Contact\_\_\_\_\_Phone\_\_\_\_\_Email\_\_\_\_\_Fax\_\_\_\_\_

Contact\_\_\_\_\_Phone\_\_\_\_\_Email\_\_\_\_\_Fax\_\_\_\_\_

### Ag Invest Time Deposit: Annual and Long-Term Agriculture

Contact\_\_\_\_\_Phone\_\_\_\_\_Email\_\_\_\_\_Fax\_\_\_\_\_

Contact\_\_\_\_\_Phone\_\_\_\_\_Email\_\_\_\_\_Fax\_\_\_\_\_

### Execution of Collateral Transactions

Contact\_\_\_\_\_Phone\_\_\_\_\_Email\_\_\_\_\_Fax\_\_\_\_\_

Contact\_\_\_\_\_Phone\_\_\_\_\_Email\_\_\_\_\_Fax\_\_\_\_\_