



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_____