Michael W. Frerichs
Illinois State Treasurer

Financial Institution Information Sheet

Financial Institution Name _____

Mailing Address _____

City _____

State _____

Zip _____

County _____

Phone Number _____

Fax Number _____

Please provide contact names for those individuals authorized by your institution to renew the following time deposits and execute collateral transactions. (These individuals must be listed on Exhibit A Certificate of Incumbency of the Deposit Agreement between your financial institution and the State Treasurer.) If the fax number and telephone numbers are different than those listed above, please note the correct numbers next to the appropriate contact name.

Regular or Access to Capital Time Deposits (including Protest, G.O. Debt, Escrow and Toll Highway):

Name	Phone	Fax

Annual Agricultural Production Time Deposits:

Name	Phone	Fax

Long Term Agricultural Production Time Deposits:

Name	Phone	Fax

Execution of Collateral Transactions:

Name	Phone	Fax

Please fax this completed form to (217) 522-1217 or mail it to: Office of The Illinois State Treasurer Michael W. Frerichs, Attn: Banking Division, Time Deposit Section, Illinois Business Center, 400 W. Monroe St., Suite 305, Springfield, IL 62704

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