



Account Authority Form

This form should be used to add authorized traders to public agency accounts.

Mail to: The Illinois Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: The Illinois Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

1 Current Account Registration

Village of Anywhere

PUBLIC AGENCY

This is the PRIMARY signer and should match #3 below

PRIMARY ACCOUNT AUTHORITY

217-XXX-XXXX

PRIMARY PHONE NUMBER

village@village.il.net

PRIMARY E-MAIL ADDRESS

Primary Signer does not have to be listed in next section... Authorities give with signature in #3

2 Authorized Trader(s)

Village of Anywhere

SUBTITLE OF ACCOUNT

IL Funds Investment Account Number

ACCOUNT NUMBER

Authorized Trader #1 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

Susie Example

NAME

217-XXX-XXXX

PHONE NUMBER

Susie's signature here

SIGNATURE

susie@village.il.net

E-MAIL ADDRESS

Authorized Trader #2 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

Bill Bookkeeper

NAME

217-XXX-XXXX

PHONE NUMBER

Bill's signature here

SIGNATURE

bill@village.il.net

E-MAIL ADDRESS

Authorized Trader #3 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry **** SEE BELOW**

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

**** Trade Authority allows a person to perform transactions involving this account. Maintenance Authority allows the person to make changes to the account (ie phone or fax number, bank instructions, etc) Inquiry would allow the person to ask questions, gather info ONLY.**

2 Authorized Trader(s) *continued*

SUBTITLE OF ACCOUNT

ACCOUNT NUMBER

Authorized Trader #1 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

Authorized Trader #2 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

Authorized Trader #3 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

SUBTITLE OF ACCOUNT

ACCOUNT NUMBER

Authorized Trader #1 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

Authorized Trader #2 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

Authorized Trader #3 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

3 Signature

By signing this form you are authorizing yourself to have financial and maintenance authority and the authorized traders above to have the access indicated.

Primary Signer would sign here

SIGNATURE OF PRIMARY ACCOUNT AUTHORITY

Date of Signature

DATE (MM/DD/YYYY)



Bank Instructions Form

This form should be used to add bank instructions to public agency accounts. If you have additional bank instructions please attach separately.

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Milwaukee, WI 53202-5207

1 Current Account Registration

Village of Anywhere

PUBLIC AGENCY

Primary Signer

PRIMARY ACCOUNT AUTHORITY

217-XXX-XXXX

PRIMARY PHONE NUMBER

Village@village.il.net

PRIMARY E-MAIL ADDRESS

****IF this investment account does not have E-Pay linked to it, just include Local Banks where funds may be transferred****

2 Bank Information

To make purchases via ACH or to redeem your account via ACH or wire, please provide full bank account information as shown below. Any change in these instructions must be made in writing to Illinois Funds and signature guaranteed.

For E-Pay participants only, please include Illinois National Bank information on this form.

Village of Anywhere

SUBTITLE OF ACCOUNT

IL Funds Investment Account at Fund Services

ACCOUNT NUMBER

Illinois National Bank (INB)

BANK NAME

Same as current routing # for E-Pay

BANK ABA NUMBER

Village of Anywhere

NAME(S) ON YOUR BANK ACCOUNT

Same as current account # for E-Pay

BANK ACCOUNT NUMBER

Local Bank of Anywhere #1

BANK NAME

Local Bank Routing #

BANK ABA NUMBER

Village of Anywhere

NAME(S) ON YOUR BANK ACCOUNT

Local Bank Account #

BANK ACCOUNT NUMBER

Local Bank #2

BANK NAME

Routing #

BANK ABA NUMBER

Village of Anywhere

NAME(S) ON YOUR BANK ACCOUNT

Account #

BANK ACCOUNT NUMBER

2 Bank Information *continued*

SUBTITLE OF ACCOUNT

ACCOUNT NUMBER

BANK NAME

BANK ABA NUMBER

NAME(S) ON YOUR BANK ACCOUNT

BANK ACCOUNT NUMBER

BANK NAME

BANK ABA NUMBER

NAME(S) ON YOUR BANK ACCOUNT

BANK ACCOUNT NUMBER

BANK NAME

BANK ABA NUMBER

NAME(S) ON YOUR BANK ACCOUNT

BANK ACCOUNT NUMBER

SUBTITLE OF ACCOUNT

ACCOUNT NUMBER

BANK NAME

BANK ABA NUMBER

NAME(S) ON YOUR BANK ACCOUNT

BANK ACCOUNT NUMBER

BANK NAME

BANK ABA NUMBER

NAME(S) ON YOUR BANK ACCOUNT

BANK ACCOUNT NUMBER

BANK NAME

BANK ABA NUMBER

NAME(S) ON YOUR BANK ACCOUNT

BANK ACCOUNT NUMBER

3 Signature

Signature of Primary Authority

SIGNATURE OF PRIMARY ACCOUNT AUTHORITY

Date of Signature

DATE (MM/DD/YYYY)



Online Account Access Form

This form should be used to add FAN Web to public agency accounts.

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c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: The Illinois Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

1 Current Account Registration

Village of Anywhere

PUBLIC AGENCY

Primary Signer

PRIMARY ACCOUNT AUTHORITY

217-XXX-XXXX

PRIMARY PHONE NUMBER

village@village.il.net

PRIMARY E-MAIL ADDRESS

2 Authorized Online Traders

Village of Anywhere

SUBTITLE OF ACCOUNT

IL Funds Investment Account Number

ACCOUNT NUMBER

Authorized Trader #1

217-XXX-XXXX

PHONE NUMBER

Susie Example

NAME

susie@village.il.net

E-MAIL ADDRESS

Authorized Trader #2

217-XXX-XXXX

PHONE NUMBER

Bill Bookkeeper

NAME

bill@village.il.net

E-MAIL ADDRESS

Authorized Trader #3

PHONE NUMBER

NAME

E-MAIL ADDRESS

You can utilize the remaining blanks if your entity has more than one IL Funds Investment Account or use a separate form for each.

2 Authorized Online Traders *continued*

SUBTITLE OF ACCOUNT

ACCOUNT NUMBER

Authorized Trader #1

PHONE NUMBER

NAME

E-MAIL ADDRESS

Authorized Trader #2

PHONE NUMBER

NAME

E-MAIL ADDRESS

Authorized Trader #3

PHONE NUMBER

NAME

E-MAIL ADDRESS

SUBTITLE OF ACCOUNT

ACCOUNT NUMBER

Authorized Trader #1

PHONE NUMBER

NAME

E-MAIL ADDRESS

Authorized Trader #2

PHONE NUMBER

NAME

E-MAIL ADDRESS

Authorized Trader #3

PHONE NUMBER

NAME

E-MAIL ADDRESS

3 Signature

By signing this form you are authorizing yourself and the authorized online traders above to have full online trading access.

Primary Signer Signature

PRIMARY ACCOUNT AUTHORITY

Date of Signature

DATE (MM/DD/YYYY)