



Advance Funding

2013 ADVANCE FUNDING PROGRAM
YEAREND INVOICE, SERIES A

Qualified Entity: City of Beech Grove

Please be advised that the following payments are due to be paid for the 2013 Advance Funding Program. The amounts noted below represent principal and interest payments (on a per fund basis) that are due on Tuesday, December 31, 2013.

<u>Fund</u>	<u>Principal</u>	<u>Interest</u> *	<u>Total Due</u>
General	\$ 1,236,607.00	\$ 9,635.23	\$ 1,246,242.23
Total	\$ 1,236,607.00	\$ 9,635.23	\$ 1,246,242.23

* Interest Rate = 0.85% x 330/360

The payments should be made via wire transfer to The Bank of New York as follows:

The Bank of New York

ABA No.

GLA #

Acct #

Re: Indiana Bond Bk General Acct

City of Beech Grove

**It is extremely important that the wire transfer be sent so that it is received by
The Bank of New York prior to 10 a.m. (EST), Tuesday, December 31, 2013**

If you should have any questions or need additional information, please do not hesitate to call Ron Mangus at (317) 233-0091 or (800) 535-6974 or Mr. Kerry McFarland at the The Bank of New York at 314-613-8202.



Domestic Wire Transfer Request/Authorization

Originator/Payment By:

CITY OF BEECH GROVE INDIANA NAME	CUSTOMER IDENTIFICATION	
806 MAIN ST STREET ADDRESS	CHECKING ACCOUNT TYPE	02/04/1954 DATE OF BIRTH
BEECH GROVE IN 46107-1516 CITY/STATE/ZIP	ACCOUNT NUMBER	TAX IDENTIFICATION NUMBER

Transfer Instructions:

\$ 1,246,242.23 WIRE AMOUNT		
THE BANK OF NEW YORK MELLON TARGET BANK NAME	NEW YORK NY TARGET BANK CITY, STATE	TARGET BANK ABA
BANK OF NEW YORK BENEFICIARY'S NAME	ONE WALL STREET BENEFICIARY'S ADDRESS	BENEFICIARY BANK ACCOUNT NUMBER
	NEW YORK NY 10286 BENEFICIARY'S CITY, STATE, ZIP, OR COUNTRY	BENEFICIARY'S ACCOUNT NUMBER
Originator to Beneficiary Information (optional):	Bank to Bank Information (optional):	
GLA #		
RE: INDIANA BOND BK GENERAL ACCT		
CITY OF BEECH GROVE		
	Purpose: _____	

By signing below, Originator authorizes Regions Bank to effect the Funds Transfer described on this request and agrees to be bound by the terms and conditions of the Funds Transfer Agreement set forth on the reverse side hereof. Originator certifies that the information contained in this request is correct.

AUTHORIZED SIGNATURE

[Signature]
BANK AUTHORIZED SIGNATURE

NAME OF CORPORATION/PARTNERSHIP

APPROVING BANK OFFICER

BY: SIGNATORY REPRESENTATIVE NAME (PRINTED)

TITLE

Request Date: 12/26/2013 Wire fee: \$ 20.00 Wire Sequence Number: _____

Prepared By: SCOTT DUNCAN Branch: ----- BEECH GROVE

Thank you for banking with Regions!