

CONFIRMATION OF IOLTA ACCOUNT

From: _____
Financial Institution

Re: _____
Law Firm

Address

Address

City, State, Zip

City, State, Zip

Routing/Transit Number

Trust Account Number

Date account opened: _____

VERIFICATION BY:

Financial Institution Representative

Title

Signature

Date

Instructions for Financial Institution:

The lawyer or law firm noted above is required to establish an interest-bearing NOW account for the deposit of the lawyer's or firm's clients' funds. Please confirm that this institution has established such an account with the interest to be paid to the Foundation by signing and dating above. **Please note that interest must be transferred monthly by ACH or other electronic transfer.** If you have questions about the ACH method, please call the Foundation.

Please mail or fax this form to:

Arkansas IOLTA Foundation, Inc.
625 Marshall Street
Little Rock, AR 72201
(501) 682-9421 (phone)
(501) 682-9415 (facsimile)
Email: adjohnson@arkansasjustice.org