

# ENROLLMENT FORM FOR LAWYERS AND LAW FIRMS

## Pennsylvania IOLTA Program

www.paiolta.org  
Federal I.D. #25-1802119

### IOLTA USE ONLY

Firm \_\_\_\_\_

BC # \_\_\_\_\_

Trust Account \_\_\_\_\_

TO: \_\_\_\_\_  
(Financial Institution)

\_\_\_\_\_  
(Address)

FROM: \_\_\_\_\_  
(Lawyer/Law Firm)

\_\_\_\_\_  
(Address)

DATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

This enrollment form may be used to open a new Pennsylvania IOLTA account or it may be used to convert an existing Pennsylvania escrow account to an interest bearing IOLTA checking account. The new account number, or the converted account number, is \_\_\_\_\_ and is titled \_\_\_\_\_. You are hereby authorized and directed to transmit immediate notice to the Pennsylvania Lawyers Fund for Client Security\* of any check drawn on the trust/escrow account(s) listed above which is presented for payment against insufficient funds. Please contact \_\_\_\_\_ from the law office if additional information is needed. You are authorized to send a copy of this enrollment form to the Pennsylvania IOLTA Board.

**ATTN:** Lawyer or law firm administrator:

Attach **LIST** of **LAWYERS** who use this trust account in the regular course of their practice; include **PA SUPREME COURT IDENTIFICATION NUMBERS** before forwarding to IOLTA Board.

ORIGINAL - Financial Institution  
COPY - IOLTA Board  
P. O. Box 1025  
Harrisburg, PA 17108-1025  
Fax: 717-238-2003

\* For overdraft reporting instructions  
contact (800) 962-4618

**BY:** \_\_\_\_\_

*Authorized Signature—should also be an authorized  
check signer for the listed account(s)*