

ENROLLMENT FORM FOR LAWYERS AND LAW FIRMS

Pennsylvania IOLTA Program

Federal I.D. #25-1802119

TO: _____
(Name of Financial Institution)

(Street Address)

FROM: _____
(Lawyer or Law Firm)

(Street 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 a **LIST** of all **LAWYERS** who use this escrow account in the regular course of their practice and their **PA SUPREME COURT IDENTIFICATION NUMBERS** before mailing it to the PA IOLTA Board.

ORIGINAL - Financial Institution
COPY- IOLTA Board
Pennsylvania Judicial Center
601 Commonwealth Ave, Suite 2400
P.O. Box 62445
Harrisburg, PA 17106-2445
Fax: 717-238-2003

BY: _____
Authorized Signature should also be an authorized check signer for the listed account(s)

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