

# PENNSYLVANIA IOLTA PROGRAM

## INTEREST REMITTANCE REPORT FOR ACH TRANSFER SERVICE

FOR PERIOD: \_\_\_\_\_

CURRENT INTEREST RATE: \_\_\_\_\_

TO: JANE DOE  
XYZ BANK  
123 ANY STREET  
ANYWHERE, PA

FAX: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
ROUTING: \_\_\_\_\_

FROM: ISABELLE WOZNAK  
Pennsylvania Judicial Center  
601 Commonwealth Ave, Suite 2400  
P.O. Box 62445  
Harrisburg, PA 17106-2445

ACCOUNT NUMBER (OR OTHER NOTES)	ACCOUNT DATE CLOSED NAME	INTEREST PAID	SERVICE CHARGES	NET INTEREST	AVG. DAILY BALANCE
123456789	JOHN SMITH	\$	\$	\$	\$
987654321	MARY JONES				

**ADD NEW ACCOUNTS BELOW. BE SURE TO SEND ENROLLMENT FORMS.**

TOTALS    \$ \_\_\_\_\_    \$            \$            \$ \_\_\_\_\_

Please complete legibly and FAX this form within 5 days to (717)238-2003. No cover sheet required.