

**Lawyers Trust Fund of Illinois**  
***Interest on Lawyer Trust Account Program***

**Notice of Account Closing**

*Please Fax this form at (312) 938-3091; or mail it to:*

**Lawyers Trust Fund of Illinois**  
**Two Prudential Plaza**  
**180 North Stetson Avenue**  
**Suite 820**  
**Chicago, Illinois 60601**

**BANK INFORMATION**

\_\_\_\_\_  
**Name of Financial Institution**

\_\_\_\_\_  
**ABA Routing Number**

\_\_\_\_\_  
**Address** (*Street, City, State, Zip Code*)

(\_\_\_\_)\_\_\_\_\_  
**Telephone**

**From:**\_\_\_\_\_  
**IOLTA Contact Person**

\_\_\_\_\_  
**Date Sent**

**ACCOUNT INFORMATION**

\_\_\_\_\_  
**Account Name**

\_\_\_\_\_  
**Account Number**

\_\_\_\_\_  
**Account Closing Date**

*Thank you for your assistance in helping us keep accurate records. If you have any questions, please call (312) 938-2906 or 800/624-8962. Or, you can e-mail us at [IOLTAREPORT@lftf.org](mailto:IOLTAREPORT@lftf.org).*