

**LAWYERS TRUST FUND OF ILLINOIS**  
**Remittance Error Report/Request for Refund**

**Financial Institution:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Lawyer/Law Firm:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

IOLTA Account No: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Erroneous Remittance Information:**

	<b>Actual Transaction</b>	<b>Corrected Transaction</b>
Reporting period:	_____ to _____	_____ to _____
Interest Rate:	_____ %	_____ %
Gross Interest Earned for period:	_____	_____
Service Charges (if any):	_____	_____
Net Interest Earned for period:	_____	_____

**Explanation of Error/Request for Refund:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that the above information is accurate.**

\_\_\_\_\_  
(Authorized Official Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

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

\_\_\_\_\_  
(Date)

**NOTE: You must receive an acknowledgment from LTF before making any adjustments or deductions from future IOLTA interest remittances.**

**Return this form via email or fax, to: [IOLTAREPORT@LTF.ORG](mailto:IOLTAREPORT@LTF.ORG)**

**Fax: 312.938.3091**

**For more information:**

Call 312.938.3906 or email [IOLTAREPORT@LTF.ORG](mailto:IOLTAREPORT@LTF.ORG)

**Visit LTF online: [www.ltf.org](http://www.ltf.org)**