

Notice of IOLTA Account Closing



FINANCIAL INSTITUTION INFORMATION

_____ Name of Financial Institution	_____ ABA Routing Number
_____ Address (<i>Street, City, State, Zip Code</i>)	(_____)_____ Telephone
From: _____ IOLTA Contact Person	_____ Date Sent

ACCOUNT INFORMATION

Account Name

Account Number

Account Closing Date

Return this form via email (IOLTAREPORT@LTF.ORG) or fax (312.938.3091)

Thank you for your assistance in helping us keep accurate records. If you have any questions, please call 312.938.2906 or email IOLTAREPORT@LTF.ORG.