

NOTICE OF CLOSED IOLTA ACCOUNT

This form should be completed in its entirety and submitted to the Arkansas IOLTA Foundation when an IOLTA account is officially closed by a bank. **It is the attorney's responsibility to ensure that any interest accrued on the account is remitted to the IOLTA Foundation before the account is closed.**

Attorney or Law Firm Name: _____

Address: _____

Phone Number: _____

Account Name: _____

Account Number: _____

Financial Institution: _____

Address of Financial Institution: _____

Name(s) and bar number(s) of attorney(s) associated with account (attach additional page if needed):

Date Account Closed: _____

Reason Account Closed: _____

Comments: _____

Please mail, fax or email this form to:

Arkansas IOLTA Foundation, Inc.

625 Marshall Street

Little Rock, Arkansas 72201

(501) 682-9421

Fax: (501) 682-9415

Email: adjohnson@arkansasjustice.org