



**ARKANSAS ACCESS TO JUSTICE FOUNDATION
IOLTA PROGRAM**

FINANCIAL INSTITUTION IOLTA ERROR REPORT FORM

To be completed by the institution for each IOLTA account for which a remittance error was made.

ELIGIBLE INSTITUTION

(Name)

(Address)

(City)

(State)

(Zip Code)

(Contact)

(Department)

(Telephone)

LAWYER/LAW FIRM

(Name)

(Address)

(City)

(State)

(Zip Code)

(IOLTA Account Number)

(Do not omit any numbers)

REMITTANCE INFORMATION

	Actual Transaction	Correct Transaction
Reporting period	_____ to _____	_____ to _____
Interest Rate/Dividend	_____	_____
Gross interest/dividend earned for period	\$ _____	\$ _____
Permissible service charges/fees (if any) deducted:		
IOLTA Handling fee	\$ _____	\$ _____
Per check charge	\$ _____	\$ _____
Per deposit charge	\$ _____	\$ _____
Fee in lieu of minimum balance	\$ _____	\$ _____
Other (describe):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Correct remittance due the Foundation \$ _____

Actual remittance paid the Foundation \$ _____

(_____)
(Date) (Check number)

Difference \$ _____

Payable to _____ Financial Institution (*the Foundation will issue a refund*)

_____ Foundation (*return your check with this form*)

EXPLANATION _____

(Authorized official)

(Name)

(Title)

(Date)

RETURN COMPLETED FORM TO:
Arkansas Access to Justice Foundation, Inc.
IOLTA Program
1111 W. 6th Street, Suite D
Little Rock, AR 72201
Fax: 501-682-9415
Email: contact@arkansasiolta.org

For assistance in completing this form, or for more information about the IOLTA program, please visit the Foundation's website at www.arkansasjustice.org/iolta or call (501) 682-9421.