



**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
425 West Capitol Avenue, Suite 480
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.