



**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**

	<b>Actual Transaction</b>	<b>Correct Transaction</b>
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](mailto: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](http://www.arkansasjustice.org/iolta) or call (501) 682-9421.