

**Lawyers Trust Fund of Illinois
Interest on Lawyers Trust Account Program**

Notice of Account Closing

Fax this form to 312 938-3091

or

Mail to:

**Lawyers Trust Fund of Illinois
65 East Wacker Place
Suite 1900
Chicago, Illinois 60601**

BANK INFORMATION

Name of Financial Institution

ABA Routing Number

Address (*Street, City, State, Zip Code*)

(____)_____
Telephone

From:_____
IOLTA Contact Person

Date Sent

ACCOUNT INFORMATION

Account Name

Account Number

Account Closing Date

*Thank you for your assistance in helping us keep accurate records. If you have any questions,
please call 312- 938-2906 or 800-624-8962 or email IOLTAREPORT@lftf.org.*