

LAWYERS TRUST FUND OF ILLINOIS
Remittance Error Report/Request for Refund

Financial Institution:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Email: _____

Title: _____ Phone No.: _____

Lawyer/Law Firm:

Name: _____

Address: _____

City : _____ State: _____ Zip Code: _____

IOLTA Account No: _____

Title: _____ Phone No.: _____

Erroneous Remittance Information:

	Actual Transaction	Corrected Transaction
Reporting period:	_____ to _____	_____ to _____
Interest Rate:	_____ %	_____ %
Gross Interest Earned for period:	_____	_____
Service Charges (if any):	_____	_____
Net Interest Earned for period:	_____	_____

Explanation of Error/Request for Refund:

I certify that the above information is accurate.

(Authorized Official Signature)

(Name)

(Title)

(Email Address)

(Date)

NOTE: You must receive an acknowledgment from LTF before making any adjustments or deductions from future IOLTA interest remittances.

Return this form via email or fax, to: IOLTAREPORT@LTF.ORG

Fax: 312.938.3091

For more information:

Call 312.938.3906 or email IOLTAREPORT@LTF.ORG

Visit LTF online: www.ltf.org