CENTER FOR CIVIC VALUES FINANCIAL INSTITUTION IOLTA REMITTANCE FORM

To remain an IOLTA-eligible financial institution, all information requested below must be provided with each report.

Institution Name: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Contact Person: _____ Title: _____

Check/ACH # _____ Date: _____

Report Period/Date Submitted: _____

INTEREST RATE: _____

If a tiered structure is used, please provide the ranges below and indicate each rate applied to the accounts below:

Tiers:

From $ _____ ***to $*** _____ ***at a rate of*** _____

From $ _____ ***to $*** _____ ***at a rate of*** _____

From $ _____ ***to $*** _____ ***at a rate of*** _____

ACCOUNT NAME	ACCOUNT NUMBER	INTEREST RATE	GROSS INTEREST EARNED	SERVICE CHARGES, IF ANY	NET REMITTANCE	AVERAGE MONTHLY COLLECTED BALANCE	CLOSED OR NEW ✓
		TOTALS					