DC IOLTA ACCOUNT REGISTRATION FORM

COMPLETE AND DELIVER BOTH PARTS OF THIS FORM TO YOUR FINANCIAL INSTITUTION AND TO:

District of Columbia Bar Foundation IOLTA Program

Email: IOLTA@dcbarfoundation.org FAX: 202-467-3753

Mail: 200 Massachusetts Ave. NW #700, Washington DC 20001

NOTICE TO FINANCIAL INSTITUTION

To:		Date:	
(Name of Finan	cial Institution)		
established by District of Columbia Court below is to be paid directly by you to the service charges related to paying intercundersigned, however, agrees to be respect, as permitted under the Rule. The action of the Bar Foundation is the beneficial forms relating to interest paid must include	of Appeals Rule XI, §20. UDistrict of Columbia Bar Fest on this account will be ponsible for all other reasecount should bear the Dal owner of the interest. The the Foundation's tax ID	Interest on Lawyers' Trust Accounts (IOLTA) Program Under this program, interest on the account described Foundation, a tax-exempt 501(c)(3) organization. Any be waived or charged to the Bar Foundation. The sonable maintenance charges or special transaction DC Bar Foundation's Federal TIN (#52-1109547) as In addition, all reports and Internal Revenue Service number and must be sent to the DC Bar Foundation. s, available online at www.dcbarfoundation.org/iolta.	
Name of Law Firm/Law Firm Opening Acc	ount:		
Address:			
City:	_State: Zip:		
The title on each DC IOLTA account account, as well as "DC IOLTA Acc		e of the lawyer or law firm that controls the nt".	
Account Title:		Account No.:	
Bank statements for this account s sent to the lawyer or law firm and t 117, Washington DC 20001, Phone	to the Office of Disciplina 202-638-1501 / Fax 202-	he lawyer or law firm. Any overdraft notices should ary Counsel, 515 Fifth Street NW, Building A, Suite 638-0862.	
By: Name (Please Print)		Signature:	
NOTICE 1	O THE DISTRICT OF CO	OLUMBIA BAR FOUNDATION	
Name of Law Firm/Lawyer Opening Acco	ount:		
Address:			
City:	State: Zip	p: Phone: ()	
This is my/my firm's only Distr		n Lawyers' Trust Accounts (IOLTA)account.	
1. Please attach a list of lawyers in the	firm (include DC Bar nur	mber) who are covered by the account registered here	in.
2. The estimated average monthly bala	ınce, or range of deposits	during a month is (optional): \$	
By: Name (Please Print)		DC Bar Number	
Signature:			