

# Interest on Lawyer Account Fund of the State of New York

*Funding civil legal assistance for low-income New Yorkers since 1984*

## Contact Information Form for Banking Institutions

Each participating Banking Institution must identify at least a Policy Contact and a Remittance Contact and may identify other contacts. Use this form when first applying to participate in the IOLA program and to provide notice of any changes.

The **Policy Contact** should have knowledge and authority for all IOLA compliance matters, including rate setting. The **Remittance Contact** should be the person responsible for routine remittances and reporting to the IOLA Fund. Submit via email to [banks@iola.org](mailto:banks@iola.org) or mail to **IOLA Fund, 11 East 44<sup>th</sup> Street, Suite 1406, New York, NY 10017**.

### **POLICY CONTACT** (Knowledge and authority for all IOLA compliance matters, including rates.)

<b>Name</b>	
<b>Title</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	

### **REMITTANCE CONTACT** (Responsible for routine remittance and reporting to the IOLA Fund.)

<b>Name</b>	
<b>Title</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	

OTHER CONTACT	
Name	
Title	
Address	
Phone	
Email	
Authority or Responsibilities Relevant to IOLA Program	<input type="checkbox"/> President or CEO <input type="checkbox"/> Senior Policy <input type="checkbox"/> Payments <input type="checkbox"/> Legal or Compliance <input type="checkbox"/> Audit <input type="checkbox"/> Other: _____

Name of Banking Institution: \_\_\_\_\_

Submitted by (print): \_\_\_\_\_

Banking Institution website address: \_\_\_\_\_

Date: \_\_\_\_\_