

**ARIZONA ATTORNEY AND LEGAL PARAPROFESSIONAL
IOLTA ENROLLMENT / CHANGE FORM**

I am a signer / responsible party for the following new IOLTA account:

Name of financial institution: _____
Name of branch office: _____
Mailing address of branch office: _____
City, State, ZIP: _____
Name on the account: _____
Account number: _____
Date the account was established: _____

I closed an IOLTA account:

Name of financial institution: _____
Account number: _____
Date the account was closed: _____

(Your State Bar Membership No.)

(Your Signature)

(Firm Name)

(Print or Type your Name)

(Date)

Please complete this form and return to:

Arizona Foundation for Legal Services & Education - IOLTA
4201 N. 24th Street, Suite 210 ~ Phoenix, AZ 85016-6289
Email: aziolta@azflse.org ~ Fax: 602-773-3105