UTAH BAR FOUNDATION IOLTA REMITTANCE FORM

Please submit this form monthly. Please provide all of the information requested no later than 30 days after the end of the reporting month. You may submit the form via E-mail, fax or US mail.

Financial Institution: _____ **Telephone:** _____

Address: _____ **Fax:** _____

Street Address

_____ **Email:** _____

City **State** **Zip Code**

Contact Person: _____ **Title:** _____

Report Month: _____

Date Report Submitted: _____

INTEREST RATE FOR MONTH: _____%

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

Tiers: $_____ to $_____ @ ___%

$_____ to $_____ @ ___%

$_____ to $_____ @ ___%

ACCOUNT NUMBER	ATTORNEY/LAW FIRM	AVERAGE ACCOUNT BALANCE	INTEREST EARNED	SERVICE CHARGES	NET REMITTANCE	RATE
Totals			-	-	-	