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Delaware Bar Foundation

IOLTA PROGRAM

Contact Information Form for Eligible Financial Institutions

We ask that each participating eligible financial institution identify at least a Policy Contact and a Remittance Contact and for the Delaware Bar Foundation (“Foundation”) to contact with questions and compliance issues. Please use this form when first applying to participate in the Delaware IOLTA program and to provide notice of any changes.

The **Policy Contact** should have knowledge and authority for all IOLTA compliance matters, including rate setting. The **Remittance Contact** should be the person responsible for routine remittances and reporting to the Foundation. Submit via email to mgreenberg@delawarebarfoundation.org.

POLICY CONTACT (Knowledge and authority for all IOLTA compliance matters, including rates.)

Name	
Title	
Address	
Phone	
Email	

REMITTANCE CONTACT (Responsible for routine remittance and reporting to the Foundation.)

Name	
Title	
Address	
Phone	

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

Name of Financial Institution: _____

Submitted by (print): _____

Financial Institution website address: _____

Date: _____