



**ARIZONA ATTORNEY 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](mailto:aziolta@azflse.org) ~ Fax: 602-773-3105