



Preferred Banking Initiative

FINANCIAL INSTITUTION ENROLLMENT

Use this form to enroll your institution in the IOLTA NJ Preferred Banking Initiative at either the Leadership or Loyalty tier.

PARTICIPATION TIER*

Please select the participation level for your institution. The chosen tier and associated interest rate will apply for one year from the effective date.

Leadership Bank

Interest rate equal to the higher of 1% or 80% of the federal funds target rate.

Leadership institutions receive prominent recognition in IOLTA NJ communications.

Loyalty Bank

Interest rate equal to the higher of 1% or 60% of the federal funds target rate.

Loyalty institutions are recognized in IOLTA NJ program communications.

Effective Date _____

(Date the institution will begin offering the selected participation tier interest rate on eligible IOLTA accounts)

**Participants in the IOLTA NJ Preferred Banking Initiative may use the program designation seal corresponding to their chosen tier in institutional communications and marketing materials. Seals may only be used while the bank is part of the initiative.*

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____

Address: _____

City / State / ZIP: _____

Main Telephone: _____

Bank Website: _____

AUTHORIZED REPRESENTATIVE

Name: _____

Title: _____

Telephone: _____

Email: _____

Fax (optional): _____



Preferred Banking Initiative

PRIMARY CONTACT FOR IOLTA PROGRAM (if different)

Name: _____

Title: _____

Telephone: _____

Email: _____

PREFERRED BANKING INITIATIVE INSTITUTIONS INVITED TO PROVIDE WEBLINK

Participating banks may request that IOLTA NJ include a link from the IOLTA website listings of Leadership and Loyalty banks to the bank's webpage describing products or services for law firms.

Webpage address describing your institution's IOLTA or attorney trust account services:

www. _____

CERTIFICATION

The undersigned certifies that he or she is authorized to execute this enrollment on behalf of the financial institution and that the institution agrees to offer the selected participation tier interest rate on eligible IOLTA accounts.

Authorized Signature: _____

Name: _____

Title: _____

Date: _____

SUBMIT FORM

Please return completed form to:

Email: info@IOLTANJ.org | Fax: 732-743-9136

Or mail to:

IOLTA Fund of the Bar of New Jersey

The New Jersey Law Center

One Constitution Square

New Brunswick, NJ 08901

NOTE: Financial institutions that do not wish to participate in the Preferred Banking Initiative should complete the **standard IOLTA certification form** available at [Enrollment Information](#).