



OFFICE OF DISCIPLINARY COUNSEL

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Interest on Lawyers' Trust Account (IOLTA) Overdraft/Insufficient Funds Reporting Instructions

Ohio Revised Code § 4705.10 requires depository institutions to notify the Office of Disciplinary Counsel “when a properly payable instrument is presented for payment from the account, and the account contains insufficient funds.” The statute further requires depository institutions to “provide this notice without regard to whether the instrument is honored by the depository institution.” This notice shall be provided, *within five banking days* of the date that the instrument was honored or returned as dishonored.

The financial institution may charge the lawyer, law firm, or legal professional association that maintains the account with fees associated with producing and mailing a notice required but shall not deduct such fees from the interest earned on the account.

HOW TO REPORT AN OVERDRAFT OR INSUFFICIENT FUNDS

An overdraft or insufficient funds may be reported in the following ways:

Email: IOLTA@odc.ohio.gov

Mail: Office of Disciplinary Counsel
65 East State Street, Suite 1510
Columbus, Ohio 43215

Fax: (614) 387-9709

A depository institution is encouraged to use the attached form. If the attached form is not used, please include the following information in your report: 1) Name and Contact Information of Depository Institution; 2) Name of Account and Account Holder; 3) Account Number; 4) Date of Overdraft or Insufficient Funds; 5) Account Balance before Overdraft or Insufficient Funds; 6) Account Balance after Overdraft or Insufficient Funds; 7) Check Number or Description of Item Causing the Overdraft or Insufficient Funds; 8) Amount of the Check or Item Causing the Overdraft or Insufficient Funds; and 9) Amount of Any Overdraft or Insufficient Funds Fees Charged.

No confirmation of your report will be sent unless the depository institution specifically requests confirmation.



Notice of Overdraft or Dishonored Instrument
(Pursuant to Ohio Revised Code § 4705.10)

Date of Report: _____

DEPOSITORY INSTITUTION INFORMATION

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

LAWYER/LAW FIRM/LEGAL PROFESSIONAL ASSOCIATION INFORMATION

Name of Account: _____

Account Holder: _____

Street: _____

City: _____ State: _____ Zip Code: _____

ACCOUNT AND OVERDRAFT/INSUFFICIENT FUNDS TRANSACTION DETAILS

Date of Overdraft or Insufficient Funds: _____

Account Number: _____

Check Number or Description of Dishonored Instrument: _____

Amount of Check or Dishonored Instrument: \$ _____

Amount of Overdraft or Insufficient Funds: \$ _____

Account Balance before Overdraft or Insufficient Funds: \$ _____

Account Balance after Overdraft or Insufficient Funds: \$ _____

Fees Charged (if any): \$ _____