NEW YORK STATE OF OPPORTUNITY. IOLA FUND
Funding Justice for All

420 Lexington Avenue, Rm. 607
New York, NY 10170
(646) 865-1541
info@iola.org | www.iola.org

Bank Contact Information Form

Each participating Banking Institution must identify at least a Policy Contact and a Remittance Contact and may identify other contacts. Use this form when first applying to participate in the IOLA program and to provide notice of any changes.

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

Participating Banking Institution are required to submit an updated Bank Contact Information Form **annually** and whenever there is a change.

IOLA POLICY CONTACT (Knowledge and authority for all IOLA compliance matters, including rates)	
Name	
Title	
Address	
Phone	
Email	

REMITTANCE CONTACT (Responsible for routine remittance and reporting to the IOLA Fund)	
Name	
Title	
Address	
Phone	
Email	

OTHER CONTACT	
Name	
Title	
Address	
Phone	
Email	
Authority or Responsibilities Relevant to IOLA Program	☐ **President/ CEO/Sr Exec.** ☐ **Policy Payments** ☐ **Legal or Compliance** ☐ **Audit** ☐ **Other:**

CRA CONTACT ***REQUIRED** (Responsible for federal Community Reinvestment Act, 12 U.S.C. § 2901 et seq.and/or NY State Community Reinvestment Act, NY Banking Law § 28-b)	
Name	
Title	
Address	
Phone	
Email	

Name of Banking Institution:_____

Submitted by (print): _____

Email Address: _____

Banking Institution Website Address: _____

Date:_____