



**MEMBERS 1<sup>st</sup>**  
FEDERAL CREDIT UNION

<b>Office Use Only</b>
Date: _____
Symitar#: _____
Branch/Dept: _____
(Send to Central Files)

**Addendum to Business Account Membership Application  
Interest on Lawyers' Trust Accounts ("IOLTA")**

*This addendum must be presented with a completed "Enrollment Form for Lawyers and Law Firms" from the Pennsylvania IOLTA Board. The lawyer or the law firm must maintain an office in Pennsylvania.*

Lawyer/Law Firm Name: \_\_\_\_\_ ("Member")  
Member Address: \_\_\_\_\_

Member designates the following parties to act as authorized signers on the IOLTA\*:

Name: \_\_\_\_\_  
 Attorney ID Number: \_\_\_\_\_  
 Has the attorney ever been disciplined by the PA Disciplinary Board?     YES                     NO  
 If yes, has the disciplinary proceeding concluded?     YES                     NO

Name: \_\_\_\_\_  
 Attorney ID Number: \_\_\_\_\_  
 Has the attorney ever been disciplined by the PA Disciplinary Board?     YES                     NO  
 If yes, has the disciplinary proceeding concluded?     YES                     NO

Name: \_\_\_\_\_  
 Attorney ID Number: \_\_\_\_\_  
 Has the attorney ever been disciplined by the PA Disciplinary Board?     YES                     NO  
 If yes, has the disciplinary proceeding concluded?     YES                     NO

Name: \_\_\_\_\_  
 Attorney ID Number: \_\_\_\_\_  
 Has the attorney ever been disciplined by the PA Disciplinary Board?     YES                     NO  
 If yes, has the disciplinary proceeding concluded?     YES                     NO

*\*Members 1<sup>st</sup> may, at its discretion, refuse to allow attorneys previously subject to discipline by the Disciplinary Board of the Supreme Court of Pennsylvania to act as authorized signers on the IOLTA.*

Member acknowledges and agrees that Members 1<sup>st</sup> will remit any and all interest earned on the IOLTA to the Pennsylvania IOLTA Board in accordance with applicable law. Member represents and warrants to Members 1<sup>st</sup> that the lawyers designated on this application as authorized signers are presently licensed to practice law in the Commonwealth of Pennsylvania. Member agrees to indemnify and defend Members 1<sup>st</sup>, and holds Members 1<sup>st</sup> harmless, from any and all losses or expenses (including attorney's fees) which Members 1<sup>st</sup> incurs as the result of following the instructions of any of the named authorized signers with respect to the IOLTA, or honoring any item or payment order drawn on the IOLTA and executed by one of the named authorized signers, unless Member has notified Members 1<sup>st</sup> in a written communication that the individual is no longer an authorized signer. If the Member is a law firm, the undersigned represents and warrants that he/she is authorized to sign this application on behalf of the firm.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_