

**SUPREME COURT OF PENNSYLVANIA
PENNSYLVANIA LAWYERS FUND FOR CLIENT SECURITY
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**ATTORNEY ESCROW/TRUST NEGATIVE
BALANCE REPORTING FORM
FOR
FINANCIAL INSTITUTIONS**

Name of Financial Institution: _____

Contact Person: _____

Telephone Number: _____

Attorney Name & Address: _____

Name in which Account is Titled: _____

Type of Account: _____

Account Number: _____

Amount of Check: _____

Negative Balance: _____

Check Number: _____

Date Item Presented: _____