

ATTORNEY TRUST ACCOUNT OVERDRAFT NOTIFICATION AGREEMENT

TO: Office of Disciplinary Administrator  
701 S.W. Jackson Street  
First Floor  
Topeka, Kansas 66603

The undersigned, being a duly authorized officer of the named financial institution and the person or persons specifically authorized to enter into this agreement, hereby applies to be approved to receive attorney trust accounts. In consideration of the approval of the named financial institution by the Kansas Supreme Court, the institution agrees to comply with the reporting requirements for such institutions as set forth in Kansas Supreme Court Rule 240, Kansas Rule of Professional Conduct 1.15(f).

The named financial institution specifically agrees:

- (1) To report to the Disciplinary Administrator's Office in the event any properly payable attorney trust account instrument is presented against insufficient funds, irrespective of whether or not the instrument is honored.
- (2) That all such reports shall be substantially in the following format:
  - (a) In the case of a dishonored instrument, the report shall be identical to the overdraft notice customarily forwarded to the depositor.
  - (b) In the case of instruments that are presented against insufficient funds, but which are honored, the report shall identify the financial institution, the attorney or law firm, the account number, the date of the overdraft created thereby.
- (3) That all such reports shall be made within the following time periods:
  - (a) In the case of a dishonored instrument - within the time provided by law for notice of dishonor.
  - (b) In the case of instruments that are presented against insufficient funds, but which are honored - within (five) 5 banking days of presentation for payments against insufficient funds.
- (4) That as required by Supreme Court Rule 240, KRPC 1.15(f)(3), attorneys have given consent to the reporting and production requirements mandated by this rule.

This agreement shall apply to all branches of the named financial institution and shall not be canceled except upon thirty (30) days written notice to the Disciplinary Administrator's Office, 701 SW Jackson Street, First Floor, Topeka, Kansas 66603.

Name, Address, and Web Address of Main Branch of Financial Institution (please type or print):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Website Address

\_\_\_\_\_  
Name of Chief Executive Officer or Authorized Representative      Signature      Date  
(Please type or print) (Corporate Seal)

STATE OF KANSAS

COUNTY OF \_\_\_\_\_.

Personally, appeared before me, \_\_\_\_\_, a Notary Public in and for said County and State, the within named \_\_\_\_\_, Authorized Representative for the named financial institution, with whom I am personally acquainted, and who acknowledged execution of the Attorney Trust Overdraft Notification Agreement for the purposes therein contained, and further acknowledged authorization by the financial institution, as Chief Executive Officer or Authorized Representative, to execute the agreement on behalf of the financial institution.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_ (Notary Seal)