

**[LAW FIRM NAME]**

[Street Address]  
[City, State, Zip]  
[Phone Number]

**DEPOSIT INVOICE**

Invoice #: [0000]  
Date: [Date]

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**BILL TO (CORPORATE CLIENT)**

**[Client Company Name]**  
Attn: [Accounts Payable/Contact Person]  
[Street Address]  
[City, State, Zip]

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**MATTER REFERENCE**

**Matter: [Case Name/Reference]**  
Matter ID: [Client-Matter Number]  
Attorney: [Responsible Attorney Name]

Description	Amount
Initial Retainer Deposit for Legal Services (to be held in Trust)	\$0.00
Advanced Costs/Filing Fees Deposit	\$0.00

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Total Deposit Required: \$0.00

**PAYMENT INSTRUCTIONS**

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**Wire Transfer:** Bank: [Name] | Account: [No.] | Routing: [No.] | Swift: [Code]

**Check:** Payable to "[Law Firm Name] - IOLTA Trust Account"

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*Note: These funds will be held in a client trust account and applied against future billings in accordance with the signed Engagement Letter.*