

ATTORNEY IOLTA TRUST ACCOUNT AGREEMENT

Please type or print legibly

Financial Institution	Attorney/Law Firm
Address	Address
Telephone Number	Telephone Number Fax Number
Remitting Financial Institution (if different from above)	Contact Person in Firm Contact Person's Email Address
	2) 20:1.15 the IOLTA trust account identified below shall be placed in, or ecount subject to the provisions of SCR 20:1.15 (d), and to the financial ants.
allowable reasonable fees, as allowed under par. (5), s	tes that "the interest or dividends accruing on an IOLTA account, less any less paid to WisTAF, which shall be considered the beneficial owner of the 13." The account is to be designated with the Wisconsin Trust Account to trequired.
WisTAF and remit interest or dividends owed to Wisname of the attorney/law firm for whom the remittance of allowable reasonable fees deducted (if any), the a	g. The financial institution must submit an electronic remittance report to LF via ACH or other electronic funds transfer. The report must include the sent, the account number, the rate of interest or dividend applied, the amount age account balances for the period for which the report is made, and the nunt. SCR 20:1.15 (d)(6) states that a report must be remitted at least
be assessed service charges and fees as established a allowable reasonable fees on IOLTA accounts that ma are unpaid service charges or fees owing on the accoundirectly liable for such unpaid charges or fees. The att the following methods: (1) by deducting such charges institution, without prior notice or demand, according	indersigned attorney/law firm acknowledges and agrees that the account may disclosed by the financial institution. SCR 20:1.15 (d)(5) contains a list of e charged against IOLTA interest. The attorney/law firm agrees that if there above the interest earned on the account, the undersigned attorney/law firm is ey/law firm agrees to pay any unpaid service charges or fees through any of m any non-trust account maintained by the attorney/law firm at this financial applicable law; (2) by paying promptly after receipt of a periodic statement tivity related to unpaid charges; or (3) by depositing or retaining funds ges in the IOLTA trust account.
	his account, retaining a copy at the financial institution, returning a signed cial institution's account rules and regulations), and by sending a copy to the
This account is for (check one): Individual Attorne	☐ Law Firm/Partnership/Corporation
Attorney's/Managing Attorney's Signature D	(Attorney/Law Firm) IOLTA Account Title – must match the title listed on the Office of Lawyer Regulation Overdraft Agreement
Attorney's/Managing Attorney's Printed Name	Agreement
Financial Institution Representative's Signature Da	IOLTA Account Number
Financial Institution Representative's Printed Name	

 $Telephone: \ (608)\ 257-6845\ \mid\ Toll\ Free: \ (877)\ 749-5045\ \mid\ Email:\ service@wistaf.org \quad \mid\ Web\ site: www.wistaf.org$ Copy 1 - to the Financial Institution

Copy 2 - to WisTAF

Wisconsin Trust Account Foundation Inc. \mid 825 Williamson Street, Suite A \mid Madison, WI 53703

Copy 3 – to the Attorney/Law Firm