

## 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	
Pursuant to Wisconsin Supreme Court Rule as, an interest-bearing or dividend-paying account and regulations applicable to such accounts.				
Ownership of Interest. SCR 20:1.15 (d)(allowable reasonable fees, as allowed under par. (earned interest or dividends, pursuant to SCR CFoundation, Inc. TIN #39-1555465. IRS Form 10	5), shall be hapter 13."	paid to WisTAF, which shall be The account is to be designated	considered the beneficial owner of the	
Financial Institution Remittance and RewisTAF and remit interest or dividends owed to name of the attorney/law firm for whom the remitt of allowable reasonable fees deducted (if any), the amount of remittance attributable for each IOLT quarterly.	WisTAF vi ance is sent, he average a	a ACH or other electronic funds the account number, the rate of in account balances for the period	s transfer. The report <u>must include</u> the interest or dividend applied, the amount for which the report is made, and the	
Service Charges and Fees (if applicable), be assessed service charges and fees as established allowable reasonable fees on IOLTA accounts that are unpaid service charges or fees owing on the action directly liable for such unpaid charges or fees. The following methods: (1) by deducting such chart institution, without prior notice or demand, according to the financial institution, which shows according to the financial institution, which shows according to the financial institution, which shows according to the financial institution account services and fees as established and fees are established and fees as established an	ed and disclet may be cha count, above e attorney/la rges from and ding to appli ount activity	osed by the financial institution. arged against IOLTA interest. The the interest earned on the accour w firm agrees to pay any unpaid y non-trust account maintained by cable law; (2) by paying prompt or related to unpaid charges; or	SCR 20:1.15 (d)(5) contains a list of the attorney/law firm agrees that if there are not, the undersigned attorney/law firm is service charges or fees through any of y the attorney/law firm at this financially after receipt of a periodic statement.	
This agreement is acknowledged by establ copy of this form to the attorney/law firm (with the WisTAF office.				
This account is for (check one):   Individual Attorney		☐ Law Firm/Partnership/Co.	☐ Law Firm/Partnership/Corporation	
Attorney's/Managing Attorney's Signature	Date	(Attorney/Law Firm) IO	IOLTA Trust Account Title	
Attorney's/Managing Attorney's Printed Name				
Financial Institution Representative's Signature	Date	Trust Account Number		
Financial Institution Representative's Printed Nam	e			

Wisconsin Trust Account Foundation Inc.  $\mid$  825 Williamson Street, Suite A  $\mid$  Madison, WI 53703 Telephone: (608) 257-6845  $\mid$  Toll Free: (877) 749-5045  $\mid$  Email: service@wistaf.org  $\mid$  Web site: www.wistaf.org