***NOTICE****: The following has been provided by WBA committee and section volunteers for use by member banks.
It should be reviewed and revised as appropriate to the user-bank’s own policies, procedures, and practices.*

**[Before use, the user of this form must modify it by removing and completing the bracketed sections, adding bank letterhead, and any additional necessary customizations to ensure the template is accurate and reflective of bank’s own requirements.]**

**[For use on Bank Letterhead]**

##### To Whom It May Concern

###### STATE OF Wisconsin}

 }ss

COUNTY OF }

The undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being duly sworn, deposes and says that he/she resides in the City/Town/Village of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of \_\_\_\_\_ that I did not open the **[BANK NAME]** account number (s) **[ACCOUNT NUMBER]**. Further, I swear/affirm that what purports to be my signature on the **[BANK NAME]** signature card for account number(s) **[ACCOUNT NUMBER]** was not written by me, and that said signature is a forgery. I agree to fully cooperate with any and all federal, state, county, or municipal law enforcement agencies that **[BANK NAME]** may contact regarding this matter, and recognize that my failure to do so may be grounds for the bank to elect not honor this affidavit.

WRITTEN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_

PHONE (HOME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (WORK)\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_