***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]**

**AFFIDAVIT TO RESCIND**

STATE OF }

 }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 Wisconsin , which

refers to Debit Card Number , drawn on **[BANK NAME],**

Described below:

Date Amount

I do not wish to pursue this matter and rescind my original dispute(s) dated \_\_ \_

 WRITTEN SIGNATURE .

 ADDRESS .

 CITY . STATE WI . ZIP .

 PHONE (HOME .

Subscribed and sworn to before me this

 . day of , .

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

NOTARY PUBLIC, COUNTY OF

My commission expires .