



Elder Financial Authorized Contact List

Customer Name: _____

Date of Birth: _____

SSN: _____

I volunteer to submit to Bank of Wisconsin Dells ("Bank") a list of persons that I authorize the Bank to contact when the Bank has reasonable cause to suspect that I am a victim or a target of financial exploitation.

The Bank may choose not to contact any person on the authorized contact list if the Bank suspects that person is engaged in the financial exploitation.

The Bank, or an employee of the Bank, acting in good faith is immune from all criminal, civil, and administrative liability for contacting a person or electing not to contact a person and for actions taken in furtherance of that determination if the determination was made based on reasonable suspicion.

Authorized Contact Name	Relationship	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____

Customer Signature: _____

Date: _____

Customers are allowed to update authorized contact lists periodically. To update, please contact a Personal Banker by stopping at a branch in person or calling 608-253-1111.

Bank of Wisconsin Dells
716 Superior Street
Wisconsin Dells, WI 53965
608-253-1111