

QUALIFIED IDA WITHDRAWAL NOTICE TO FINANCIAL INSTITUTION

The IDA participant listed below has been approved to make a qualified withdrawal from his or her IDA savings in order to purchase his or her asset goal. **Financial Institution:** Please issue a cashier check (from the participant's individual IDA account) in accordance with the information listed on this form.

Participant Information

Site ID: _____

Name: _____

Social Sec. No.: ____ - ____ - ____

Street: _____

Apt #: _____

City: _____

State: ____

Zip Code: _____

Check Information

Cashier's check payable to: _____

Street: _____

Apt #: _____

City: _____

State: ____

Zip Code: _____

Phone Number: (____) _____

Please withdraw funds from the following accounts:

Account No. _____ (participant's IDA savings account)

\$ _____

Please: prepare check for pickup by _____ on _____ mail check to: IDA Program, _____

Authorization

As an authorized representative of the Michigan IDA Program, I authorize _____ (Financial Institution Name) to prepare a cashier's check to the party listed above drawn from IDA savings account No. _____ on which _____ (local IDA agency) is a joint owner, in the amount listed above.

Authorized Michigan IDA Program Representative signature

____/____/____
Date

As a participant in IDA Program, I authorize _____ (Financial Institution Name) to prepare a cashier's check to the party listed above drawn from my IDA savings account No. _____, in the amount listed above.

Michigan IDA Participant signature

____/____/____
Date