

**FINANCIAL INSTITUTION
PARTICIPANT RELEASE OF INFORMATION AGREEMENT**

Participant Information

Name: _____ Social Sec. No.: ____ - ____ - ____
Street: _____ Apt #: _____
City: _____ State: ____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____
Pager/Cell: (____) _____

As a program participant in the Michigan IDA Program and an owner of an IDA account at _____ (participating financial institution), I (we) authorize _____ (participating financial institution) to release information on my (our) IDA account, number _____ to the Michigan IDA Program for the purposes of monitoring my (our) eligibility to remain in the program.

If for any reason I (we) am/are no longer participating in the Michigan IDA Program, I (we) understand that this account will be transferred to another type of account at the above referenced financial institution.

Signature of Account Owner _____ / ____ / ____
Date

Signature of Account Owner _____ / ____ / ____
Date

Signature of Program Representative _____ / ____ / ____
Date

For Office Use Only
Site ID: _____

☛ Instructions: Participant completes form and takes to financial institution after signing Participant Savings Agreement and opens IDA account.