

OPEN ACCOUNT AUTHORIZATION FORM

The person(s) listed below is/are approved to participant(s) in the Michigan IDA Program Program.

Primary Participant _____

Other Account Holder _____

Address _____

City, State, Zip _____

Phone Number _____

Please open an IDA savings account for the person(s) listed above. Attached to this form is a signed Release of Information Form and a Participant Beneficiary Designation Form. The Participant(s) will present a Michigan Driver's License or Michigan I.D. card at account opening.

The Michigan IDA Program office will receive information on the IDA savings account opened for this person(s) to monitor their participation in the program. This is a joint account between IDA Program Site and the Participant. Withdrawals are not authorized without the written consent of the Michigan IDA Program Representative. If the Participant is dismissed from the program, the Michigan IDA Program will give notice to the participating financial institution in writing and such institution will transfer the IDA account to another account type in the Participant's name.

Michigan IDA Program Representative

Date

Phone Number: _____

Michigan IDA Program Participant(s)

Date

For Office Use Only

Site ID: _____ IDA Account Number: _____ Date Opened: _____

Note: Make sure the account number and date opened is reported back to Program site for MIS IDA data entry purposes.