

Warm Springs Community IDA

Make Your Money Work Savings Plan

Qualified IDA Withdrawal: Notice to Financial Institution Partner

The *Make Your Money Work Savings Plan* participant listed below has been approved to make a qualified withdrawal from his or her *Make Your Money Work Savings Plan* IDA savings account in order to purchase his or her asset goal. Please issue a vendor cashier's check in accordance with the information listed on this form.

Participant Information

Name: _____ Phone number: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Check Information

Cashier's check payable to: _____ Phone number: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Please withdraw funds from the following accounts:

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

Account No. _____ (*Make Your Money Work Savings Plan* match funds account) + \$ _____

Total check amount: _____ = \$ _____

- Please:
- prepare check for pickup by _____ on _____
 - mail check to: *Warm Springs Community Action Team*, in care of IDA Program Manager, Box 1419, Warm Springs, OR 97761
 - mail check to vendor at address above
 - transfer funds into WSCAT General Operating Account (Credit Card purchases through WSCAT)
 - transfer funds into a business bank account (with one-year waiver on account fees)

Authorization

As a participant in *Make Your Money Work Savings Plan*, I authorize *Columbia River Bank* to prepare a cashier's check to the party listed above drawn in part from my IDA savings account in the amount listed above.

IDA participant signature _____
date

As an authorized representative of *Warm Springs Community Action Team*, I authorize *Columbia River Bank* to prepare a cashier's check to the party listed above drawn from *Warm Springs Community IDA Program* match funds and the IDA savings accounts listed above, on which *Warm Springs Community Action Team* is a joint owner.

Authorized *WSCAT* representative signature _____
date

