

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, Box 1419, Warm Springs, OR 97761*

mail check to vendor at address above

transfer client funds into WSCAT Client Matching Account (Debit Card purchases through WSCAT)

transfer funds into a business bank account (with one-year waiver on account fees)

Other: _____

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

Warm Springs Community Action Team Box 1419, Warm Springs, OR 97761
Phone (541) 553-3148 Fax: (541) 553-1246

Warm Springs Community IDA

Make Your Money Work Savings Plan

Qualified IDA Withdrawal Request

Purchase Information

What is your asset goal? Home purchase Home repair Small business
 Education Vehicle Assistive technology
 Rental Debt repayment MATCHED emergency**

Please indicate whether you have:

-graduated from personal finance / money management training: Yes No
-completed asset-specific education (home / business / education / vehicle): Yes No
-turned in a small business plan (small business only) Yes No
-met individually with program or partner staff about your asset purchase: Yes No

Please describe in detail what you plan to purchase with your IDA funds (i.e., a fax machine for your business, the cost of a home purchase inspection, tuition for school, etc.):

Have you attached copies of: purchase documents (i.e. estimates, work orders, tuition bills)

**MATCHED EMERGENCY NOTE: by agreeing to an emergency matched withdrawal, you will have less available for your asset purchase. (e.g. By using \$3,600 for your emergency, you only have \$3,600 for your asset)

Applicant Certification

My signature below certifies that all information provided on this withdrawal request form is accurate and complete to the best of my knowledge. The Oregon IDA Match funds I am requesting will be used as stated in this request. I understand that any intentional misrepresentation or spending for other purposes may result in my becoming ineligible to continue in the program or access the IDA resources in the future. In addition, I understand that it may take up to ten business days to fill my qualified withdrawal request and cut a vendor check.

Signature _____ Date: _____

For Office Use Only

Withdrawal: IDA dollar amounts verified Approved Denied Date: _____ By: _____

Check requested: Date: _____ By: _____

Check issued/received: Date: _____

Funding source(s)(Up to two sources): _____ / _____

WSCAT G/L code, account number, and amount (Up to two codes):

Required: 1) _____ / _____ / _____
Code Account # \$ Amount

As needed: 2) _____ / _____ / _____
Code Account # \$ Amount

ORIDA codes: (ORIDA19=OR-19-OR, ORIDA21=OR-21-OR)*

*Note: clients should be placed in the oldest grant year open any time they make a withdrawal.

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