

## 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