

OVERPAYMENT WITHDRAWAL REQUEST FORM

Personal Information

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

Savings History & Status

Date Started in Program: _____ Current IDA Balance: \$ _____
Amount of overage available for withdrawal \$ _____

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.

Signature: _____ Date: _____

Authorization

As an authorized representative of the Michigan IDA Program, I authorize _____ to allow the party listed above to withdraw \$ _____ from his/her IDA savings account No. _____ on which _____ is a joint owner.

Authorized Michigan IDA Program Representative signature

____/____/____
Date

For Office Use Only

Site ID: _____ Date received: ____/____/____ By: _____ Met with participant on: ____/____/____
Outcome: _____