

Foundation Communities' IDA Matched Savings Program

IDA Withdrawal Request Form for Education

Personal Information

Name: _____ Account #: _____
Phone (1): _____ Phone (2): _____ Email: _____

Purchase Information

Please describe in detail what you plan to purchase with your IDA funds (i.e., tuition for fall semester, lab fees, text books, etc.):

Payment Information

1. Phone number of the educational institution or vendor: _____

2. Address of the educational institution or vendor: _____

3. Please circle the preferred payment method of the *vendor*: CHECK CREDIT CARD

4. **CHECK:** If you are requesting a check please provide the following information:

To whom should your check be made payable? _____

When the check is ready (circle one): I will pick it up Mail the check to me Send the check to the vendor

5. **CREDIT CARD:** If you are requesting payment be made via credit card, please provide directions for how to make the payment.

6.

Amount from your IDA savings:		\$ _____
Amount from your IDA match:	+	\$ _____
Other funds or resources you would like included in your payment:	+	\$ _____

Total payment: = \$ _____

7. When returning this form, include the required documentation as described in the document "Withdrawal Procedures for Education" (available on the website)

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. In addition, I understand that it may take up to five business days to fill my qualified withdrawal request and cut a vendor check.

Signature: _____ Date: _____

For Office Use Only

Date received: _____ Date due: _____ Check received: _____ Check mailed/picked up: _____ CC payment made: _____

Withdrawal approved by: _____

Julian Huerta, Resident Services Director

Karen Lyons Serna, IDA Program Coordinator