

Approved

Notes

Yes

No

IDA Participant Withdrawal Request Form John H. Boner Community Center - Financial Foundations

		Date					
First	& Last	Name					
	Ph	none #					
E-1	mail A	ddress					
		Purpose	Hon	ne Purcha	ase	Home	Rehab
			Edu	cation			
	Aı	mount					
	Make Paya	Check ble To					
СНЕСК	PICKUP	: Request	s received l	oy Tuesda	y will be a	ıvailable t	ne <u> secon</u>
Week 1	<u>Sun</u>	Mon	<u>Tues</u> Withdrawal Request Due Date	<u>Weds</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>
Week 2	<u>Sun</u>	<u>Mon</u>	Tues	<u>Weds</u>	<u>Thurs</u>	<u>Fri</u> Pick Up Check After 2pm	<u>Sat</u>
after 2pi case. Yo	m. Occas u, or any	ionally, y one you s	financial in ou may ne send in you king the cl	ed to pic ur place, i	k it up at must hav	the Bone	er Center
	Sub		ase make s equest :				
For Offic	ce Use O	nly:					
Sav	ings B	alance					
M	atch Ba	alance					