

# Columbia Bank Individual Development Account/ Matched Investment Savings Account

## Withdrawal Request

The IDA/MISA participant listed below has been approved to make a qualified withdrawal from their IDA/MISA savings account.

### Participant Information

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature for Withdrawal

ID: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### Withdrawal Information

Please withdraw funds from the following account:

Account No. \_\_\_\_\_

Choose one:

- ☐ (Participant's IDA/MISA savings account) for \$ \_\_\_\_\_
- ☐ Balance of the account to close

Choose one:

- ☐ Cash withdrawal
- ☐ Cashier's check payable to Participant
- ☐ Cashier's check payable to Third Party: \_\_\_\_\_  
(Name of Payee)

Prepare check for pickup by Participant on: \_\_\_\_\_

**Call Back to Provider:** Required for requests over \$2,000 or when the Columbia Bank IDA/MISA Withdrawal Request form is not provided. (Refer to IDA/MISA Withdrawal Sponsor/Provider Verification List.)

Call Back Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Must be a phone# in the system

Confirmed By: \_\_\_\_\_ Time: \_\_\_\_\_

### Authorization

As an authorized representative of \_\_\_\_\_  
(Fiduciary Sponsor), I authorize Columbia Bank to complete the withdrawal as indicated.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date