



DreamSavers Individual Development Account Program
Match Withdrawal Check Request Form

All information must be provided below for withdrawal to be approved. If you have multiple purchases (example, tuition and books), fill out multiple forms. Please complete the following information and attach the following documentation:

- **Proof of purchase cost (copy of invoice or price information from vendor)**
- **Additional required documentation based on goal specific withdrawal procedure**
- **Receipt of deposit into account made during the month of your purchase (if applicable)**

Participant Name: _____ Daytime phone number: _____

Match check request amount: \$ _____	Participant contribution amount: \$ _____
Date match check needed (tuition deadline, home purchase closing date): ____/____/____	
Use of Funds (example, home down payment, tuition, business supplies; please be as specific as possible): _____	
Vendor Name (as it should appear on the check): _____	
Vendor Mailing Address: _____	
City, state and zip code _____	
Phone number (_____) _____ Acct. Number, if relevant: _____	

I understand that, if this withdrawal is approved, I must withdraw from my DREAMSAVERS savings account the amount stated above and use the funds for the purpose stated above. I also understand that if the above purchase is not completed for any reason, I agree to return my funds to my DREAMSAVERS savings account and return match funds to Umpqua Community Development Corporation.

Participant's Signature

Date

IDA Specialist Signature

Administrator Signature

For Office Use Only

Match Fund Source: _____	Program Issuing Check: _____		
	Acct. Check to be drawn from: _____		
Requested By: _____	Department: _____	Amount: \$ _____	
Payable To: _____			
Address: _____			

Contact and Account info if applicable: _____			
Payable for: _____			
Required By: _____	Approved By: _____	Date: _____	
<u>ACCOUNTING USE ONLY</u>			
CHECK NUMBER: _____	ISSUED BY: _____	DATE: _____	G/L#: _____