

Pick up Emergency Withdrawal

Citibank: 1303 South Mary Avenue Sunnyvale, CA 94087 (408) 739-4652

IDA UNMATCHED Withdrawal Release

Date: _____

IDA Client Name: _____

Make the bank check payable to: _____

The **reason** for requesting an emergency withdrawal

- Medical Emergency Car repair Increase in rent Unemployed/reduced hours
 Overspending Other _____

In the amount of: \$ _____

Account # _____
(Client Account)

Client Signature

Date

Opportunity Fund Authorized Signature

Date

For IDA Client Pickup

My signature below is proof that I received the above requested funds.

Client Signature

Date