



Individual Development Account Business Withdrawal



Section I: IDA Saver Information

Name: _____

Agency you work with: _____ Total Amount Requested: _____

Current Mailing Address: _____

Current Email Address: _____

Check Payable to: _____ Does the vendor accept third party checks?: _____

Please choose one: Please mail the check to me at my current address above (include city, state, zip) Please mail the check directly to the vendor at the address listed below (include city, state, zip)

Vendor Address: _____

Note: Forms found on the CASA Partner Portal are in *italics*

This is my final withdrawal. I have attached the *Exit Interview*.

I have attached the invoice or quote from vendor listed above.

First Withdrawal Only, attach: Financial Education Asset Training

Business Plan *Business Plan Review* *Sources and Uses* Business Financials

Credit Card Reimbursement Only, attach: Pre Approval Previously Submitted
 Original Receipt from Vendor Credit Card Statement, with Authorized Purchases Included

Capitalization Account Only, attach: Employer Identification Number (EIN) Verification from IRS

Business Bank Account Verification (i.e. Statement) Signed *Disbursal Agreement*

Vehicle Purchase Only, attach: VIN # Carfax, KBB, NADA, or Edmonds Estimate (if used vehicle)

Proof of Financing (if applicable) Vehicle Invoice Proof of Insurance

Additional Withdrawal Only, attach: Receipt from previous withdrawal, [if needed](#)



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Section II: Certification

I understand that I am obligated to complete this withdrawal in its entirety, including making a withdrawal of funds from my IDA account, within 60 days of receiving authorization. I also understand that I may be asked to provide a receipt showing that I have applied the funds towards the purchases as intended. The Oregon IDA Match funds I am requesting will be used as stated in this request. I understand that any intentional misrepresentation or spending for other purposes may result in my becoming ineligible to continue in the program or access the IDA resources in the future.

IDA Saver Signature: _____ **Date:** _____

IDA Specialist Signature: _____ **Date:** _____

This form is not valid unless signed by the account holder and the IDA Specialist.