

Unmatched Withdrawal Request Form

Participant Information

First Name _____ Last Name _____ Opportunity Passport™ # _____
Street Address _____ City, State, Zip _____ County2 _____
Phone _____ Email _____ Date of Birth (MM/DD/YYYY) _____
Preferred contact method: Phone Text Email

Banking Information

Name of Banking Institution: _____ Account Number: _____
Address: _____
Current Account Balance: \$ _____
Amount to be Withdrawn: \$ _____
Account Balance After Withdrawal: \$ _____

NOTE: A minimum account balance of \$65.00 must be maintained to remain an Iowa Opportunity Passport™ participant.

(Please call the Greater Iowa Credit Union at 515/262-1396 for all balance inquiries.)

Explanation for Withdrawal

Explain why you need money from your savings account: _____

Credit Union location

An Opportunity Passport™ representative will notify you when your request is available at your banking institution. At which branch of the Greater Iowa Credit Union would you like to pick up your funds? If a branch is not selected, the default location will be the East Des Moines branch.

East Des Moines
600 E. 30th St.
Des Moines

Westtown Parkway
1630 22nd St.
West Des Moines

Indianola
301 E. Scenic Valley Ave.
Indianola

When process is completed, please notify: Me My Provider – Name: _____

Phone: _____ Email Address: _____

Participant Authorization

I understand that the money in the savings account is mine, and that the goal of Opportunity Passport™ is to save and to purchase approved assets. I will continue to work toward my savings goal.

Participant Signature: _____ Date: _____

Participants under age 18 must have the consent their guardian.

I am the guardian of the participant named above and I support this request.

Authorized Guardian Signature: _____ Date: _____

NOTICE: Allow 5 business days after submission of this form to the Youth Policy Institute for review and processing of this request.

Submit completed form to:**Opportunity Passport™**

Youth Policy Institute of Iowa
6200 Aurora Avenue, Suite 206E
Des Moines, Iowa 50322

Email: op@ypii.org

Phone: (515) 727-4220

Fax: (515) 727-4223

For Youth Policy Institute office use only

Reviewed by: _____ Date: _____

Date participant notified: _____ Initials _____

Opportunity Passport™ was created and is supported by the Jim Casey Youth Opportunities Initiative (www.jimcaseyyouth.org). Opportunity Passport™ is coordinated in Iowa by the **Youth Policy Institute of Iowa** in partnership with the Iowa Department of Human Services, United Way of Central Iowa, and several private foster care providers and community based organizations.