

# Unmatched Withdrawal Request Form

## Participant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Opportunity Passport™ # \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ County \_\_\_\_\_  
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Amount to be Withdrawn: \$ \_\_\_\_\_  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: \_\_\_\_\_

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**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 Evelyn K. Davis Center for review and processing of this request.**

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**Submit completed form to:**

**Opportunity Passport™**  
Evelyn K. Davis Center for Working Families  
1171 7th St. Des Moines, IA, 50314  
Email: [rgbibens@dmacc.edu](mailto:rgbibens@dmacc.edu)  
Phone: 515-697-1483

***For Evelyn K. Davis Center office use only***

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date participant notified: \_\_\_\_\_ Initials \_\_\_\_\_

Opportunity Passport™ was created and is supported by the Jim Casey Youth Opportunities Initiative. Opportunity Passport™ is coordinated in Iowa by the **Evelyn K. Davis Center** in partnership with the Iowa Department of Human Services, United Way of Central Iowa, and several private foster care providers and community based organizations.