

Individual Development Account Program

## Release of Financial Information

Participant Name

Account Number:

IDA Administrator:

I       (participant name)*,* a participant in the Individual Development Account (“IDA”) program (the “Program”) administered by the Indiana Housing and Community Development Authority (“IHCDA”), and as a signer on the account number referenced above (“the Account”) hereby authorize       (financial institution name*)* to release information regarding deposits, withdrawals and other transactions related to the account to       (the IDA Administrator ) and to the Indiana Housing & Community Development Authority for purposes of monitoring my eligibility to remain in the Program and for reporting related to the Program.

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| --- | --- |
| **Program Participant** | |
|  |
|  |
| Signature |
|  |
|  |
| Printed Name or Typed |
|  |

**IDA Administrator**

By:

Printed Name:

Title:

Date: