



# FAIM Program

## Savings Account Closure Form

This is the Family Assets for Independence in Minnesota (FAIM) Program notice to Bremer Bank that the following individual, \_\_\_\_\_, social security number \_\_\_\_\_, will no longer be an account holder in the program effective \_\_\_\_\_.

Your institution is requested to close the above individual's FAIM savings account number \_\_\_\_\_ and print a single check, that includes his/her savings and interest earned, for a full withdrawal. Please send the check to the account holder as instructed below:

☐ Mail the check to account holder's current address:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

☐ FAIM coach has lost contact with the account holder and is unable to locate him/her. Last known address on file with FAIM was:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

If you have any questions regarding this account closure, please contact:

FAIM Coach: \_\_\_\_\_

Local FAIM Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
FAIM Coach or FAIM Admin Physical Signature

\_\_\_\_\_  
Date

**FAIM Coach:** This closure form is completed when a client leaves FAIM. If a payout is in process, **DO NOT** send this form to Bremer Bank until FAIM Admin gives the okay. If terminating FAIM enrollment without a payout, confirm current address with the client before sending the form to Bremer Bank to close the account. Send a copy to FAIM Admin with the exit forms.

### \*\*\*\*\* For Bremer Bank Use Only \*\*\*\*\*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Balance of account (if any): \$ \_\_\_\_\_ Date closed: \_\_\_\_\_

Will a check be sent to account holder to return savings/interest: ☐ Yes ☐ No

Confirmation sent to FAIM coach: \_\_\_\_\_ Bremer Bank staff: \_\_\_\_\_

**\*\*\* Please check if this client had established an auto-transfer to their FAIM account - if so, cancel it. \*\*\***