



FAIM Program Savings Transfer Request Form

(to transfer client savings portion of their payout)

- This is the Family Assets for Independence in Minnesota (FAIM) Program notice to Bremer Bank that _____ (FAIM Account Holder Full Name) has completed:

☐ **Part** of his/her contract and is requesting to transfer \$_____

☐ **All** of his/her contract and is requesting to transfer all funds, including interest,

from his/her FAIM savings account number _____. Your institution is requested to forward the amount above to West Central MN Communities Action, Inc. per the following:

- ☒ **Process an internal transfer to Bremer Account 7125252, West Central MN Communities Action, Inc. OR, if internal transfer option is NOT available:** send check or money order payable to:

West Central Minnesota Communities Action, Inc.
411 Industrial Park Boulevard
Elbow Lake, MN 56531
Attn: FAIM

Telephone: 218-685-4486 Fax: 218-685-6741
Heather Carlson, Fiscal Director E-mail: heatherc@wcmca.org

Please direct any questions regarding the funds transfer request to:

Local Agency: _____ FAIM Coach: _____

Coach Phone: _____ Email: _____

FAIM Account Holder Signature: _____

Signature Authorization for Withdrawals Form included if client was not able to physically sign above.

Local FAIM Coach Physical Signature: _____

Date of This Request: _____

Local FAIM Coach:

- This form is used to transfer client savings/interest (not match) from their FAIM savings to WCMCA's account.**
- Send this completed form to FAIM Admin with the payout request paperwork – Admin will send to Bremer.**

***** For Bremer Bank Use Only *****

Received by: _____ Date: _____

Transfer Completed: _____ Amount: \$_____

Will the FAIM savings account be closed upon completion of this transfer: ☐ Yes ☐ No

Bremer Bank staff signature: _____