



FAIM Program

Certificate for Opening Family Asset Account Bremer Bank Form

The person listed below is an approved account holder in the Family Assets for Independence in Minnesota (FAIM) Program:

Account Holder's Legal Name: _____
Street Address & Apt/Lot #: _____
City, State, Zip Code: _____
Personal Phone Number: _____
Email Address: _____

Please open a Family Assets Account, as stated in the FAIM Contract Agreement, for the person listed above. Bremer Bank can release monthly savings information to **West Central Minnesota Communities Action, Inc. (WCMCA)** for data entry into the Management Information System (MIS) for the project, who will forward it to _____ (local FAIM agency). The account holder is required to show a valid Minnesota Driver's License or Minnesota Identification Card at the time of the account opening. The Family Asset Account must be under joint arrangement between the account holder and _____ (local FAIM agency).

Bremer Bank agrees to provide monthly savings information to West Central Minnesota Communities Action, Inc. to calculate the match earned on the account holder's savings. If the FAIM account holder is no longer eligible to remain in the program, notice will be provided to Bremer Bank, in writing, from the FAIM Coach or State FAIM Administration.

No withdrawals are allowed from this account without written approval from the following FAIM Agency _____ or State FAIM Administration.

FAIM Account Holder Physical Signature

Date

FAIM Coach Name: _____

FAIM Coach Physical Signature

Date