



**FAIM PROGRAM**

**CERTIFICATE FOR OPENING FAMILY ASSET  
ACCOUNT  
Bremer Bank Form**

The person listed below is an approved Accountholder in Family Assets for Independence in Minnesota's (FAIM) Program:

Accountholder's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Please open a Family Assets Account, as stated in the FAIM Contract, 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 \_\_\_\_\_ (Agency). The Accountholder is required to show a 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 Accountholder and \_\_\_\_\_ (Agency).

Bremer Bank agrees to provide monthly savings information to West Central Minnesota Communities In Action, Inc. to calculate the match owed to the Accountholder. If the FAIM Accountholder is no longer eligible to remain in the program, notice will be provided to Bremer Bank, in writing from the FAIM Coordinator.

**No withdrawals are allowed from this account without written approval from \_\_\_\_\_ (Agency).**

\_\_\_\_\_  
, FAIM Accountholder \_\_\_\_\_  
Date

\_\_\_\_\_  
, FAIM Program Manager/Financial Coach \_\_\_\_\_  
Date