

CHELSEA EDUCATION FOUNDATION, INC.
c/o Chelsea Public Schools
500 Broadway
Chelsea, Massachusetts 02150

Cohort:



Chelsea Inversant Education Savings Program
Account Action Authorization Form

I, _____, wish to take the following action to my student's _____ Inversant account and understand the terms of such actions as I agreed to in the *Family Agreement*.

Parent/Guardian signature

Date

Make a payment/use my Inversant money \$ _____ amount

I have paid my students higher education expenses, Please reimburse me \$ _____ amount.

Close Account and withdraw my money (without match or interest) \$: _____ amount.

(For "Make a payment" & Reimbursement, please provide proof of student's enrollment in an accredited higher education institution and documentation of the cost such as bill-i.e. Tuition invoice. Payments must be requested at least 2 weeks prior to when bill is due for processing purposes.)

I certify that this action is approved by the Chelsea Inversant program and falls within all guidelines and rules.

Authorized Inversant Staff

Date

Signature

Chelsea Education Foundation Approval

I, _____, having approval authority as granted by the board of Chelsea Educational Foundation, approve this action to be taken to this account.

Signature

Date

If check is for over \$500.00, two Chelsea Education Foundation signatures are required:

President of Chelsea Education Foundation

Date

Signature

For internal use only:

Date Received: _____ Received By: _____ Check Disbursed Date: _____ Check
Number: _____ Accounts Closed On: _____

INVERSANT Account Withdrawal Authorization

To:	Metro Credit Union	
From:	Chelsea Education Foundation	Date:

Please make the following withdrawal:	
Metro Account Number:	
Student Name:	
Withdrawal Amount (Student):	
Withdrawal Amount (Match):	
Total Check Amount:	

Payable To:	
<input type="checkbox"/> Mail Check to:	Name:
	Street:
	City, State & Zip: Chelsea, MA 02150
<input type="checkbox"/> This transaction will close this account	
<input type="checkbox"/> Family Reimbursement	

Authorized Inversant Name (Printed):	
Authorized Inversant Name (Signature):	
Chelsea Education Foundation Name (Printed):	
Chelsea Education Foundation Name (Signature):	

Please deliver or email request to:	nmirandaortiz@metrocu.org
	cbauer@metrocu.org
	pswart@metrocu.org