

# INDIVIDUAL STUDENT ACCOUNT TRANSFER

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Organization (circle one)      Marching Band      Symphonic Band      Esquires  
Band Front      Wind Ensemble      Orchestra      Other \_\_\_\_\_

**Type of Transaction:**

Withdrawal      Deposit      Amount \$ \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Address to Mail check to: \_\_\_\_\_

**Reason:**

\_\_\_\_\_  
\_\_\_\_\_

Sign Here: \_\_\_\_\_  
( Parent Approval )

\_\_\_\_\_   
( Band Director Approval )

**Please be advised that, due to recent Accounting requirements, NO reimbursement can be made without a valid receipt accompanying the withdrawal request !!**

( EPIMC Use Only )

\$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_  
(current account balance)      (withdrawal /deposit)      ( new account balance)

Received Cash / Check # \_\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Recorded \_\_\_\_/\_\_\_\_/\_\_\_\_

( If ISA Withdrawal complete the following )

Date Check Issued \_\_\_\_/\_\_\_\_/\_\_\_\_

Check # \_\_\_\_\_

**MAIL ALL CORRESPONDENCE TO:**

**EPIMC ISA, PO BOX 474, EMMAUS PA 18049**