

# NOTICE OF IBA TRANSFER

I, \_\_\_\_\_  
(Please print legibly)

Wish to transfer \$ \_\_\_\_\_ from my IBA account in order to pay for

\_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian or Student Signature

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For Office Use Only

\_\_\_\_\_  
Music Department Signature

\_\_\_\_\_  
Transfer to Account#