

# Walled Lake Western Band Boosters Authorization for Use of Student Account Funds

I, \_\_\_\_\_ do hereby authorize the Walled Lake Western Band Boosters to transfer \$ \_\_\_\_\_ of credited funds in my individual account to the Walled Lake Western as (full/partial) payment for

\_\_\_\_\_  
(Activity)

I agree that this is a non-refundable transfer should I decide not to participate in this event or in the instrumental music program in general.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

## ***OFFICE USE ONLY***

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\_\_\_\_\_  
Current Student Account Balance

\_\_\_\_\_  
Amount of Transfer

\_\_\_\_\_  
Ending Student Account Balance

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Treasurer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directors's Signature

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