

CHILD NUTRITION PROGRAMS

SCHOOL MEALS REFUND REQUEST FORM 2023-2024

Student's Name: _____ Date of Request: _____

School Name: _____ Student's ID #: _____

Parent/Guardian Name: _____ Home Phone #: _____

Address: _____ Work Phone #: _____

_____ Cell Phone #: _____

Electronic Funds (ACH) Refund Method:

Bank Name: _____ Routing Number: _____

Checking Savings

Account Number: _____

I, _____, authorize the Ascension Parish School Board to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the depository financial institution name above.

Parent/Guardian Signature: _____

Alternative Option:

Paper Check ‡

‡Prefer to receive a check by mail payable to parent/guardian

PLEASE DO NOT WRITE BELOW THIS LINE



OFFICE USE ONLY

Vendor # _____ Account #: 4-028- _____ -0-0000- _____ - _____ Refund Amount: \$ _____

Approved for Payment: _____ Date: _____

#

Dr. Edith Walker
Superintendent

SCHOOL BOARD

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