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Date: _____

Attention: Crystal Williams
Child Nutrition Bookkeeper

All lunch account refunds will be processed through ACH or direct deposit only. Please provide the account information below.

Allow this letter to stand as written confirmation that _____
(student's name)
would like his/her lunch account refund of _____. Please process the ACH to
(amount)
_____ and send the remittance to the email address below.
(parent's name)

Name: _____

Street/PO Box: _____

City: _____

State: _____ Zip: _____

Phone: _____

Checking account number: _____

Routing number: _____

Email address: _____

If you would like to transfer the balance from one student to another, please complete the information below:

Transfer from: _____ School: _____

Transfer to: _____ School: _____

☐

Check here to transfer student balance to the ACS Angel account (funds to assist families)

Parent/Guardian Signature: _____

Return form to CNP Bookkeeper: cwilliams@auburnschools.org