



STUDENT MEAL ACCOUNT BALANCE OPTIONS
Pay It Forward/Transfer/Refund Form

We must have a request in writing to process movement of funds on your student's school meal account.

The following information is needed to process our request:

Student Name:

School:

Student ID# or Pin:

Please check the selection that applies to your request:

_____ **Pay It Forward** to donate the remaining funds to help cover other students that may need assistance/pay off student meal charges for City Schools of Decatur students.

_____ **Transfer requested to**

Student Name _____ Student ID# or Pin# _____

Additional Student _____ Student ID # or Pin # _____

Amount to be transferred if different than balance \$ _____

Reason for transfer _____

_____ **Refund Requested**

Refund check should be made payable TO: _____

Mailing Address _____

Phone Number _____ Email _____

Reason for Refund _____

Parent Name/Signature: _____

Nutrition Director Signature: _____

Email, Fax, or Mail this form to the SNP Central Office. If you have any questions, please contact SNP

Email: cchapman@csdecatour.net

Central Office at Phone: (470) 237-0368 ext 7607

Fax: 470)237-0369

Mailing address: City Schools of Decatur, 540 Kentucky St Scottdale, GA 30079

This institution is an equal opportunity provider.

Attn: SNP Department

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