



## Meal Account Refund Request

If you have an account in MyPaymentsPlus, please disable/turn off autopay for your student before submitting this form. A separate form must be completed for each student requesting a refund. Completed form may be emailed to [food.service@stpsb.org](mailto:food.service@stpsb.org) or mailed to St. Tammany Parish Public Schools, Attn: SFS, 321 N. Theard St., Covington, LA 70433.

Student Name: \_\_\_\_\_

Student Id Number: \_\_\_\_\_

School Name: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Signature and date: \_\_\_\_\_