

Mary E. Devin Center
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Junction City, KS 66441



Phone: 785-717-4043
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To whom this concerns,

I, _____ would like to have my remaining funds in my child(ren)'s
meal/miscellaneous account processed as follows(please click on one item):

Refund

Donate

Please list your child(ren):

To refund your money via Direct Deposit, please provide:

Current Address:

Current Phone Number:

Bank:

Routing #:

Account #:

Checking **Savings** *Please check account type.*

Personal Email:

**If you would like to donate the money please sign and date below (or notate
in your email upon returning the form)**

X

Date

*Please note that any remaining funds will be applied to outstanding charges
first then any balances moved, refunded or donated.*

Office Use only:

Initial and Date: _____

An Equal Opportunity Employer