

**GAHANNA-JEFFERSON PUBLIC SCHOOLS
160 SOUTH HAMILTON ROAD
GAHANNA, OH 43230**

REQUEST FOR REFUND

Pay to _____
(Name of Parent/Guardian)

Address _____

Student Name _____ Student ID _____

Student Name _____ Student ID _____

Student Name _____ Student ID _____

Amount \$ _____ From: _____

Options: _____ Refund using ACH (complete additional form on back)

_____ Mail Check to Address Above

_____ Apply to Sibling's Fee account _____
Sibling Name / Student ID#

_____ Donate to the Fill My Tummy Fund (Used to supply a meal to students needing assistance with lunch)

*Please consider Sibling's Account or Fill My Tummy for any refunds less than \$10.00

Parent
Signature _____ Date _____

FOR TREASURER'S OFFICE USE ONLY

Acct Code From: _____

Date Refund Processed _____

Acct Code To: _____

Account Number _____

Check Number _____

Refund # _____

Return to: Gahanna Jefferson Public Schools, AP Dept, 160 S Hamilton Rd, Gahanna, OH 43230
Or email to: accountspayable@gips.org Thank you, Lisa Waller, 614-479-1311



Gahanna Jefferson Public Schools

Authorization Agreement for ACH Payments

I hereby authorize Gahanna Jefferson Public Schools to initiate ACH electronic payments to the account indicated below and acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. Law.

(INDIVIDUAL/COMPANY NAME)

NAME:

ADDRESS:

CITY:

STATE:

ZIPCODE:

PHONE:

FINANCIAL INSTITUTION:

ROUTING NUMBER:

ACCOUNT NUMBER:

TYPE: CHECKING/SAVINGS:

EMAIL ADDRESS:

This authority is to remain effective until Gahanna Jefferson Public Schools has received from me written notification of termination in a timely manner in order to afford Gahanna Jefferson Public Schools and the Financial Institution a reasonable amount of time to act upon it.

Signature of Authorized Signer

& Date: