



**Only complete this form if you want money automatically withdrawn from your bank account for your individual (student and/or adult/staff) Food and Nutrition Services account.**



### Automatic Withdrawal School Meals Payment Form

Willmar Public Schools offers automatic withdrawal from your bank account as a payment option for our meal programs. We encourage this payment option for all reduced and full paid students. It is a convenient, easy and cost effective option to pay for your student's meals. A new form must be completed each school year.

When calculating your withdrawal keep in mind that this is an estimate and that your family could still receive low balance or negative balance notices, please do not disregard these messages. If your student will be accessing ala carte items at the Middle School or High School, please make sure to add additional money for these purchases. Any extra money will be refunded upon graduation or the end of each school year upon request.

**INDIVIDUAL MEAL ACCOUNTS** - You will need to monitor your individual meal account balances. They will still appear in Parent Portal, however, there will be separate amounts. **We will automatically distribute each payment equally between your students unless you notify us otherwise.** **We will always pay off any negative balances within your household before this distribution is made.** If you have an adult or staff member in your household who should receive a portion of this deposit, please let us know by listing these individuals along with your students below. If you would like to specify individual percentages, please do so below or email or call us. We will keep the distribution percentage (%) you specify until we hear differently from you. We are also able to transfer money between your household's individual (student and/or adult/staff) accounts upon your request.

I, the undersigned, authorize Willmar Public Schools to charge my account in the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_. Typical beginning date is 9/1/2019. Final withdrawal date will be May 15, 2020.

For your convenience, we offer two payment options; please put an X next to the option you would like us to use:

<b>Option 1</b> -Once on the 1 <sup>st</sup> of each month	<b>Option 2</b> -Half on the 1 <sup>st</sup> and half on the 15 <sup>th</sup>
Bank Name	Bank Location
Bank Routing/ADA #	Checking Account # or
	Savings Account #

Please list all Student/family members below and how you would like the funds distributed (Percentage or Dollar amount)

Student Name	% or \$	Student Name	% or \$	Student Name	% or \$

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

We can notify you of low balances by email. If you would like this option please provide us with your email address.  
Email: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK** (not a deposit slip) TO INSURE PROPER ACCOUNT INFORMATION FOR PROCESSING AND RETURN THIS FORM TO: Willmar Public Schools ISD 347, Attn: Food and Nutrition Services 611 5<sup>TH</sup> STREET SW, WILLMAR, MN 56201.

## Willmar Public Schools Meal Account Restriction Form

If you would like to limit your students(s) spending, please send this form to:

ISD #347-Willmar Public Schools  
Food and Nutrition Services  
611 5<sup>th</sup> St SW  
Willmar, MN 56201

Student Legal Name	PIN #	Grade	School	I would like my child restricted in the following way:	
				Dollar Amount Per Day	No Ala Carte Purchases Allowed

If you have any questions regarding the school meal program or your account, call us at 320-231-8526.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Does your child have health insurance?

If not, help may be available.

Minnesota Health Care Programs have free and low-cost health insurance for children and families who qualify. (Medical Assistance has no monthly premium. MinnesotaCare has a monthly premium based on household income.)

Your child may qualify if your household income is below:

Family Size	Monthly Income	Yearly Income
2	\$3,721	\$44,660
3	\$4,679	\$56,155
4	\$5,637	\$67,650
5	\$6,595	\$79,145

Minnesota Department of  
**Education**



Income is one factor for qualifying. Other rules and limits apply. For more information, call your county office or visit [www.dhs.state.mn.us/healthcare](http://www.dhs.state.mn.us/healthcare). The income limits above are valid until June 30, 2019.

To Get a Minnesota Health Care Programs (MHCP) application:

- Print one from [www.dhs.state.mn.us/healthcare](http://www.dhs.state.mn.us/healthcare)
- Call (877) KIDS-NOW toll free
- Kandiyohi County Family Service  
Call (320) 231-7800 or Fax (320) 231-6285
- Tribal Health Care Office  
Mille Lacs Band of Ojibwe  
Call (320) 532-7407 or (800) 922-4457

**This information is available in alternative formats to individuals with disabilities by calling 651-582-8200. TTY users can call through Minnesota Relay at 800-627-3529. For Speech-to-Speech, call 877-627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact you agency's ADA coordinator.**

**Attention. If you want free help translating this information, call the number below for your language.**  
**Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al 1-888-428-3438.**  
**Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, wac lambarkan 1-888-547-8829.**  
**Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa kana bilbili 1-888-234-3798.**