

**GAHANNA-JEFFERSON PUBLIC SCHOOLS  
630 MORRISON 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 # \_\_\_\_\_

# Gahanna Jefferson Public Schools

## ACH REQUEST FORM

We prefer to pay vendors electronically via ACH. Please fill out the information below in order to receive electronic payments. A notification will be sent to the email address listed prior to payment which contains the invoice number(s) being paid.

Vendor Name	
Vendor Full Mailing Address	
Remit to Email Address	
Bank Routing Number	
Bank Account Number	
Type: Checking/Savings	
Financial Institution	
Contact Name	
Contact Phone Number	
Authorized Signature / Date	

**By signing this form, you are authorizing Gahanna Jefferson Public Schools to initiate ACH payments to the account indicated above. This will remain in effect until Gahanna Jefferson Public Schools has received written notice to change or terminate the ACH payments.**

For all other questions please email [accounts payable@gips.org](mailto:accounts payable@gips.org).

Office Use Only

Vendor number

Date received