



Cafeteria Account Refund/Transfer Form

Complete form and Fax to (601) 856-6035 or

Mail to:

MCS D - Child Nutrition

476 Highland Colony Parkway

Ridgeland, MS 39157

Date of Request: _____

Student Name: _____

Name of School: _____

Student ID # or
Lunch #: _____

REFUND AMOUNT: \$ _____

PARENT SIGNATURE: _____

Please check the box to indicate whether you are requesting a REFUND or would like to TRANSFER funds to another student's account within the district. Complete the information that is located below the "Checked" box .

Request for **REFUND**

Complete information below

Make Check

Payable to: _____

Mailing

Address: _____

(City)

(State)

(Zip)

Phone #: _____

(EMAIL ADDRESS)

Request for **TRANSFER**

Complete information below

TRANSFER INFORMATION

Please **TRANSFER** funds to:

STUDENT NAME: _____

SCHOOL _____

Student ID # or
Lunch # _____

(EMAIL ADDRESS)

Additional Comments: