



# Account Refund/Transfer Request

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All requests must be made in writing and sent to the Central Office for processing. Refunds cannot be processed at the local school. Refunds will be made via direct deposit into the banking account provided by the parent on the attached form. If a family does not have a banking account, please provide contact information for our accounting department to make other arrangements for the refund.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Amount in Student Lunch Account: \_\_\_\_\_

I would like to request the following action to be taken with the amount in the above account:

- ☐ Please refund the amount to the checking/savings account provided.
- ☐ Please transfer the above amount to a student in need, as designated by the school administrator, counselor and/or cafeteria manager.
- ☐ Please transfer the amount to the following student:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name(printed): \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**IMPORTANT >> In order to receive your refund, you must complete the account information requested on the back of this form.**

\_\_\_\_\_  
\_\_\_\_\_

## To be completed by CNP Staff

Student ID: \_\_\_\_\_ Pin #: \_\_\_\_\_ School: \_\_\_\_\_

Balance after Refund: \_\_\_\_\_

- ☐ Account adjustment in Linq
- ☐ Receipt attached



**ALBERTVILLE**  
CITY SCHOOL SYSTEM

## Accounts Payable Direct Deposit

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I, \_\_\_\_\_, do hereby authorize the Albertville City Board of Education to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry made in error to my account indicated below and the Depository named below, to credit and/or debit the same to such account.)

☐ Checking

☐ Savings

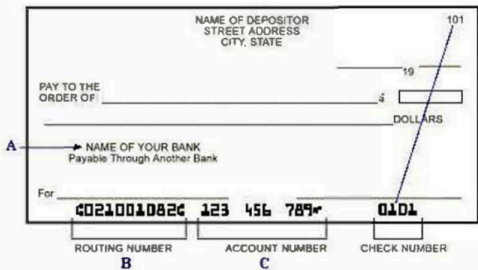
**Bank Name**

**City**

**State**

**Bank Routing Number (ABA Number)**

**Account Number**



This authority is to remain in effect until the Albertville City Board of Education has received written notification from me of its termination in such time and such manner as to afford Albertville City Board of Education and Depository a reasonable opportunity to act upon it.

I understand that authorization is limited to one change per year, either in or out of the Automatic Deposit Service, unless a change in depository is warranted.

**Comments**

☐

By checking this box, you electronically acknowledge reading and understanding the above document and hereby electronically authorize as specified in the above document.

Phone Number: \_\_\_\_\_

Email Address:

Mailing Address: \_\_\_\_\_