



# CROSBY ISD Nutrition Services

## Lunch Refund Request

Date: \_\_\_\_\_

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

Student ID #: \_\_\_\_\_

Refund/Disbursement Amount: \_\_\_\_\_

There are three ways to disburse these funds. Please  the box of your choice:

- You may **transfer** the balance. If you have any other students attending Crosby ISD we would be happy to transfer the funds to that student's lunch account.

Student's name to transfer funds to: \_\_\_\_\_ Student ID #: \_\_\_\_\_

- You may **donate** the balance. We will deposit the money into "The Elementary Donated Meal Fund" to pay for a student who needs money for lunch for the current school year.
- You may request a **refund** to be mailed to your current address. Once this request has been processed you will receive an email showing the refund transaction and the date the amount was deducted from your student's lunch account. Please allow 2-3 weeks from the date of the transaction for your check to arrive.

Name of Requester: \_\_\_\_\_

If requesting a refund please fill out the information below.

Address to mail refund to: \_\_\_\_\_  
Home Address Apt #  
\_\_\_\_\_  
City State Zip Code

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Reminder: It is your responsibility to cancel automatic payments online at [www.k12paymentcenter.com](http://www.k12paymentcenter.com) to prevent further payments to your student's account.**

**Please email the completed form to [abergstrom@crosbyisd.org](mailto:abergstrom@crosbyisd.org) and keep a copy for your files.**