



## STUDENT MEAL ACCOUNT BALANCE OPTIONS

We must have a request in writing to process movement of funds on your student's meal account.

Also, Auto Payments must be stopped through SchoolCafe before we can go any further.

Please go to [www.schoolcafe.com](http://www.schoolcafe.com) to stop the auto payments.

### PART A:

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

School: \_\_\_\_\_

Student ID# or Birthdate: \_\_\_\_\_

Parent Name/Signature: \_\_\_\_\_

\_\_\_\_\_ I wish to Donate my student's account balance to help other students/families pay off student meal charges (Complete Part A only)

\_\_\_\_\_ I wish to Transfer the funds to another student account (Complete Part A & B)

\_\_\_\_\_ I request a Refund Check (Complete Part A & C). Please allow at least 2 weeks for refund checks to reach you.

### PART B: To transfer funds TO another account, complete the following information:

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

School: \_\_\_\_\_

Student ID# or Birthdate: \_\_\_\_\_

Amount to be transferred, if different than balance: \_\_\_\_\_

### PART C: To request a refund, complete the following information.

Refund Check should be made payable TO: \_\_\_\_\_

Address for check to be mailed to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Upon completion of filling out this form, you will need to **save** your form and **email** to Aaron Wylie, Child Nutrition Director at [awylie@ems-isd.net](mailto:awylie@ems-isd.net).

If you have any questions, please contact Bethany Knowles, Child Nutrition Accounting Specialist at (817) 232-0880 ext. 2597 or email at [bknowles@ems-isd.net](mailto:bknowles@ems-isd.net).