



STUDENT MEAL ACCOUNT BALANCE OPTIONS  
Pay It Forward/Transfer/Refund Form

We must have a request in writing to process movement of funds on your student's school meal account. The following information is needed to process our request:

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

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

**Student ID# or Pin:** \_\_\_\_\_

Please check the selection that applies to your request:

\_\_\_\_\_ **Pay It Forward** to donate the remaining funds to help cover other students that may need assistance/pay off student meal charges for City Schools of Decatur students.

\_\_\_\_\_ **Transfer requested to**

Student Name \_\_\_\_\_ Student ID# or Pin# \_\_\_\_\_

Amount to be transferred if different than balance \$ \_\_\_\_\_

Reason for transfer \_\_\_\_\_

\_\_\_\_\_ **Refund Requested**

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

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

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Reason for Refund \_\_\_\_\_

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

Nutrition Director Signature: \_\_\_\_\_

Email, Fax, or Mail this form to the SNP Central Office. If you have any questions, please contact

SNP Email: [nmathis@csdecatur.net](mailto:nmathis@csdecatur.net)

Central Office at Phone: (470) 237-0368 ext 7607 Fax: (470)237-0369

Mailing address: City Schools of Decatur, 540 Kentucky St Scottdale, GA 30079

This institution is an equal opportunity provider.