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

Attention: Crystal Williams  
Child Nutrition Bookkeeper

All lunch account refunds will be processed through ACH or direct deposit only. Please provide the account information below.

Allow this letter to stand as written confirmation that \_\_\_\_\_  
(student's name)  
would like his/her lunch account refund of \_\_\_\_\_. Please process the ACH to  
(amount)  
\_\_\_\_\_ and send the remittance to the email address below.  
(parent's name)

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

Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Checking account number: \_\_\_\_\_

Routing number: \_\_\_\_\_

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

If you would like to transfer the balance from one student to another, please complete the information below:

Transfer from: \_\_\_\_\_ School: \_\_\_\_\_

Transfer to: \_\_\_\_\_ School: \_\_\_\_\_

Check here to transfer student balance to the ACS Angel account (funds to assist families)

Parent/Guardian Signature: \_\_\_\_\_

Return form to CNP Bookkeeper: [cwilliams@auburnschools.org](mailto:cwilliams@auburnschools.org)