

Refund or Transfer of Money Form

North Montgomery Community School Corporation Food Services

Request for refund or transfer of funds

Student(s) Name: _____

School(s): _____

Amount of Refund or Transfer: _____

Reason for Refund or Transfer: _____

Please choose one of the following options below:

1. Transfer to Student Account

Name of Student(s) _____ Amount _____

Name of Student(s) _____ Amount _____

2. Refund of Student Account Balance

Parent/Legal Guardian Information:

Check made payable to: _____

Address to be sent to: _____

Phone number: _____

3. Transfer Balance to Random Acts of Kindness Fund

Funds are used to help a NMCS student in need - Amount _____

Signature: _____ Date: _____

Mail or drop off completed form to:

NMCS Administrative Office

Attn: Food Services Department

480 W 580 N

Crawfordsville, IN 47933

This institution is an equal opportunity provider.