



## 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 myschoolbucks before we can go any further.

Please go to [myschoolbucks.com](https://myschoolbucks.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 note refunds will take at least 2 weeks to reach you.

### Transfer/Refund

**Part B:** To transfer funds to another account, complete the following information:

#### Transfer funds TO:

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

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

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

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

**Part C:** To request a refund you should include the following information.

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

Postal Mailing address for check to be mailed to: \_\_\_\_\_

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

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

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

Upon completion email this form to Aaron Wylie [awylie@ems-isd.net](mailto:awylie@ems-isd.net) . Once this has been done, the process will begin.

If you have any questions, please contact Bethany Knowles, CN Accounting Specialist at (817) 232-0880 ext. 2907 or email her at [bknowles@ems-isd.net](mailto:bknowles@ems-isd.net)