

BREVARD PUBLIC SCHOOLS REQUEST FOR REFUND OR TRANSFER OF CAFETERIA FUNDS

SERVICES	
Student Name:	Student ID #:
Name of School:	Date of Request:
Reason for Refund (check one) Left School District	Graduated Other:
Please check the box to indicate how you would like to disburse the balance of your child's lunch account:	
Transfer to Other Student(s) Within Brevard Public Schools:	
Student Name:	Student ID #:
School: Grade:	Amount:
Student Name: Student ID #:	
School: Grade:	
Donate: Please donate the balance of my child's account to support students in need. We appreciate your generosity.	
Refund Check (will be mailed)	
Requested By:	Relationship to Student:
Address:	
	E-mail:
Please be sure to turn off any Auto Replenish features you have set up on your mypaymentsplus.com account to prevent your method of payment from being automatically charged when this form is processed.	
I have turned off Auto Replenish features in My Payments Plus or I did not use this feature.	
(Please Initial for Confirmation)	
This request can be mailed, emailed, or faxed to the Office of Food & Nutrition Services (FNS). If you have any questions, please feel free to contact FNS at (321) 633-1000 x11690, Fax (321) 633-3566 or Email FSHelpDesk@Brevardschools.org. Mailing Address: Brevard Public Schools Food & Nutrition Services	
Refunds are subject to approval and may take 3 – 6 weeks to process. Checks will be mailed to the name and address listed above. Transfer of funds will be processed within one week upon receipt of form.	
For your convenience, funds remaining in student lunch accounts at the end of each school year will automatically roll to the next school year. Funds remaining inactive for three years may be donated to support students in need.	
Parent Signature:	Date:
FOR OFFICE USE ONLY:	
PROCESSED BY:	DATE PROCESSED: