

STUDENT MEAL ACCOUNT BALANCE OPTIONS

We must have a request **in writing** to process movement of funds on your student's school meal account. **Also, please don't forget to stop Auto Payments on MyPaymentsPlus.**

Part A:

Student Name: _____

School: _____

Student ID#: _____

Parent Name/Signature: _____

I wish to Donate my student's account balance to help others have a school meal/pay off student meal charges (complete Part A)

I wish to Transfer the funds to another student account (complete Part A & B)

I request a Refund Check (complete Part A & C)

TRANSFER / REFUND

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

Transfer funds TO:

Student Name: _____

School: _____

Student ID#: _____

Amount to be transferred, IF different than balance: _____

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

Refund check should be made Payable TO: _____

Postal Mailing address for refund check: _____

Phone Number: _____ Email: _____

Mail, email, or fax this form to the SNP Central Office. If you have any questions, please contact SNP Central Office at (678) 301-6246.

Mailing address: Gwinnett County Public Schools – School Nutrition Program
437 Old Peachtree Road NW
Suwanee, GA 30024
Attn: SNP Accounting

Fax: (678) 301-6308

Email: SNP.Accounting@gcpsk12.org