

Meal Account Refund Request Form

Date of Request: _____

Requested By: _____

Check made out to (if different than person requesting): _____

Relationship to Student: _____

Mailing Address:

Daytime phone: _____

Reason for Refund:

Signature **Date**

For School and Office use only

Processed By: _____ Date: _____

****Please be sure to attach Meal Magic balance documentation before sending form to FBR.****