

Food Service Account Closure Form

Name: _____

Date: _____

Please indicate below how you would like to handle your positive balance remaining on your food service account.

_____ I would like to request a refund check for the credit remaining on my food service account with the School District of West Salem. Please mail my check to:

_____ I would like to donate the credit remaining on my food service account to the Jane Doe fund to help families experiencing temporary financial hardships pay off their food service balance. **(Not an option for families who qualify for free or reduced meals.)**