## \*\*ATTENTION DEBIT USERS LEAVING THE DISTRICT\*\*

2023-24 school year

Thank you for participating in our debit system this year. We hope you found it an easier and quicker way to purchase food.

If you will not be attending Chippewa Valley Schools next year, please complete this form regarding the disposition of your funds.

To close out your account efficiently, we will need this form returned to the Food Service Department by Friday, June 14, 2024.

Debi	t Refund - Retur	n by 6/14/2024	
Distribution of funds:		,	
Please transfer the funds to the ber Or	nefit of:		
Please issue a check to clear my stud	dent's debit acco	ount	
Please print:			
Student Name			
School:		Grade:	
Telephone number:			
Home address			
Stree	:†	City	Zip
***R	Required informa	tion below ****	
Print			
Parent/Guardian first name	Parent/G	uardian <b>last name</b>	
Signature of Parent/Guardian:			
*The cost of a postage stamp will be deducte		alance to cover the cost of m provider and employer.	ailing the refund check.
Please fax (586-723-2001) or send			
	Chippewa Valley F	Food Service	
	19120 Cass		
Clinton <sup>-</sup>	Twp., MI 48038	Attn: POS System	

Debitrefundform 23/24