

CASHLESS CATERING ACCOUNT REFUND FORM

School Name: myton
 AiP Unit Number: 898

Dear Parent / Carer

If you have credit on your cashless catering account, you can choose to either transfer the balance to a siblings account or request a refund.

I would like to transfer balance to siblings account

Siblings name: _____ Class: _____

Or

Request refund

If requesting a refund, please complete the form below to enable your child/children's cashless account to be refunded.

Name of Child/Children	
Class:	
Balance to be refunded	
Bank Sort Code:	
Account Number:	
Account Name	

For Office use only:

Balance verified – Yes/ No

Date account

Adjusted to Zero: _____

Once completed in full please email accounts@ainp.co.uk and refund will be made via BACS.

By returning this form you are agreeing that the company will hold your personal details for as long as is required for the refund to be actioned. This information will not be shared.

Alliance in Partnership Limited, Suite 440, 4th Floor, TriGate, 210-222 Hagley Road West, Oldbury, West Midlands, B68 0NP. Tel: 0121 420 3030, Fax: 0121 420 3035, Email: enquiries@ainp.co.uk