Cashless Lunch Refund Form

Email to - meals@caterlinkltd.co.uk

Childs full name	
Childs class	
School Name	
Reason for Refund	
Date affective from **(last meal taken)**	
Balance transfer – if you wish the funds to be transferred to a sibling in the same school, please provide Full Name, Class and ID number of pupil	
Home Address	
Contact phone number	
Parent / Guardian contact name	
Payment be made payable to	
Account number	
Sort Code	

Signature of claimant ……

Date …….

Office use only –
Date received -
Amount issued - £
Date Account closed -
Date cheque / BACS / transfer posted –
Processed by -