

----- Please Cut Along This Line -----

**Food Service Debit Card Deposit Form**

Parent/Guardian Name (as appears on check): \_\_\_\_\_

Date of Check: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

	<u>Student Name</u>	<u>Student ID #</u>	<u>Amount</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

The total allocation of one check to two or more students must equal the check amount.

**\*\*\* Attach Check to the Front of this Deposit Form. \*\*\***

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