

VALDOSTA STATE UNIVERSITY
MEAL PLAN PAYROLL DEDUCTION AUTHORIZATION

Payroll Deduction may be used by any VSU full time, benefitted employee

Name: _____
Last First

ADP ID Number: _____

Daytime Phone: _____

Email: _____@valdosta.edu

Meal Plan Total: _____

Please Check One: Bi-weekly _____ 12 Month _____ 10 Month _____

One Time Deduction (if this field is checked then the total amount of the meal plan will be deducted on the next payroll)

Employee Signature

Date

The above signature hereby authorizes Valdosta State University to deduct the above total from my paycheck towards my Employee Meal Plan. All deductions will be fully collected by November for fall semester or by April for spring semester.

Deductions may be cancelled only if an employee has been placed on medical leave or separates employment. All requests to discontinue payroll deduction must be made to both VSU Meal Plan Management Office and the Payroll Office. Any un-used funds will then be pro-rated based on usage.

To enroll, both the Meal Plan Contract & Payroll Deduction Authorization Form must be completed and emailed to mealplans@valdosta.edu. Please call 333-7146 or 259-2593 with any questions, or for more information.

Payroll Use Only

ADP ID: _____

Date entered: _____

Pay group: _____

Initials: _____