

# MEAL PLAN PAYROLL DEDUCTION AUTHORIZATION

Payroll Deduction may be used by any full time employee, with benefits, paid by Valdosta State University.

Please Print

Name: \_\_\_\_\_  
Last First

VSU Identification Number: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_@valdosta.edu

I, \_\_\_\_\_, hereby authorize Valdosta State University to deduct a total of \$ \_\_\_\_\_ from my paycheck towards my Employee Meal Plan for the Fall Semester. All deductions must be fully collected by November for Fall Semester.

Please Check One: Bi-weekly \_\_\_\_\_ 12 Month \_\_\_\_\_ 10 Month \_\_\_\_\_

Deduct \$ \_\_\_\_\_ ONE TIME from my next paycheck.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To enroll, both the Meal Plan Contract & Payroll Deduction Authorization Form must be completed and returned to the Meal Plan Management Office located in the VSU 1Card Building at 1204 N. Patterson St. For more information call 333-7146.

## Payroll Use Only

ADP ID: \_\_\_\_\_

Pay group: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered By: \_\_\_\_\_

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