



Middle Georgia State University

Meal Plan Payroll Deduction Authorization Form

I, _____ (please print), authorize Middle Georgia State University to deduct \$ _____ (please print) per month from my paycheck, beginning in _____ (Month), 20____ and continuing per the guidelines set forth below.

(Please note that employees paid bi-weekly will have their monthly amount divided into two deductions per month.)

This money shall go towards the below designated meal plan:

25 Block Employee Plan - \$218.00 total - must be paid in 3 months

Meal plan funds carry over each semester and do not expire.

Meal plan deduction is an **after tax** deduction.

Employee Signature: _____ Date: _____

Department: _____

Faculty/Staff ID #: 983 _____

(This can be found at <http://www.mga.edu/technology/banner.aspx>. Click on "Banner ID Lookup" under Important Links on right side of screen.)

Please return completed
form to: Auxiliary Services
auxiliary@mga.edu