



Staff and Faculty Meal Plan Payroll Deduction Form

Last Name _____ First Name _____

TKL _____ UAID _____ Work Phone* _____

*Include all 10 digits of phone number
(e.g.907XXXXXX)

Select Plan		Cost per semester
<input type="radio"/>	9 Meals at Creekside Eatery and \$300 in Dining Dollars	\$300
<input type="radio"/>	6 Meals at Creekside Eatery and \$200 in Dining Dollars	\$200
<input type="radio"/>	3 Meals at Creekside Eatery and \$100 in Dining Dollars	\$100

- Meal plans are accessed using your WOLFcard and applicable to all WOLFcard stipulations
- Meals may be used/purchased for others provided that the cardholder is present.
- All meal plans are non-refundable and non-transferable.
- Faculty/staff meal plans expire 18 months from the date of purchase.

AGREEMENT

I understand and acknowledge financial responsibility for my Seawolf Dining Meal Plan. I authorize UAA to deduct the amount of the meal plan from my pay for ____ pay periods (not to exceed 4.)

I understand that if I should terminate before the outstanding balance has been paid, the remaining balance will be deducted from my final paycheck.

Signature _____ Date _____

**Please send completed and signed original form to the
Human Resources in the University Lake Building.**

This form can be sent via intercampus mail. Meal plans will be processed when this form is received.
Questions? Call University Housing at 751-7202 - Gorsuch CommonsOffice Use Only

Total Amount _____ Cashier's Initials _____ Date _____