

# Faculty / Staff Meal Plan Registration Form

Name: \_\_\_\_\_

Employee number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Meal Plan Options** (check one)

- \_\_\_\_\_ 10 meals for \$ 57.50 (\$5.75 per meal)
- \_\_\_\_\_ 20 meals for \$110.00 (\$5.50 per meal)
- \_\_\_\_\_ 40 meals for \$210.00 (\$5.25 per meal)
- \_\_\_\_\_ 80 meals for \$400.00 (\$5.00 per meal)




**Call Dining Services:**  
4-1187

**Fax to Dining Services:**  
4-5703

**Scan and e-mail to Dining Services:**  
**dine@ithaca.edu**

*\* There will be no refund on unused meals if you leave your employment at Ithaca College.\**

**Payment Method**

- \_\_\_\_\_ Cash
- \_\_\_\_\_ Check
- \_\_\_\_\_ Credit card (please pay in person)   

\_\_\_\_\_ **Payroll deduction:** (check one) **Bi-weekly** \_\_\_\_\_ **Semi-Monthly** \_\_\_\_\_  
(every 2 weeks) (15<sup>th</sup> and last day of each month)

I authorize the Ithaca College Payroll office to deduct \$\_\_\_\_\_ (**divide total by 1, 2, 3, or 4**) from my paycheck **per pay period** up to four consecutive payments.

(month and date)

Pay Date#1 \_\_\_ / \_\_\_ Pay Date #2 \_\_\_ / \_\_\_ Pay Date #3 \_\_\_ / \_\_\_ Pay Date #4 \_\_\_ / \_\_\_

Employee signature: \_\_\_\_\_

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