



Middle Georgia State University

Meal Plan Payroll Deduction Authorization Form

I, _____ (please print), authorize Middle Georgia State University to deduct \$ _____ per month from my paycheck, beginning in the month of _____, _____ 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- \$192.00 total- must be paid within 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 #

(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

Attn: Ryan Greene

Macon Student Life Center, Room # 112

ryan.greene1@mga.edu