**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)

***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) (15th 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.

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

**(month and date)**

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

**Call Dining Services:**

**4-1187**

**Fax to Dining Services**:

**4-5703**

**Scan and e-mail to Dining Services**:

**dine@ithaca.edu**

**please do not e-mail a photo of this form**