



## 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 form to University Scott Evers [scott.evers@nmsusa.com](mailto:scott.evers@nmsusa.com)**

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 Commons

Office Use Only		
Total Amount _____	Cashier's Initials _____	Date _____