



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 (check one)

- Cash
- Check
- Credit card (Visa or Mastercard)

Account number: _____ Expiration: _____

Payroll deduction

I authorize the Ithaca College Payroll office to deduct \$ _____ from my paycheck per pay period up to four consecutive payments.

Week#1 _____ Week #2 _____ Week #3 _____ Week #4 _____

Hourly employees will have a deduction every other Friday. Salaried employees will have a deduction on the 15th and last day of the month.

Employee signature: _____ Date: _____