



New Mexico State University
 Parking & ID Card Services

Faculty/Staff Meal Plan Payroll Deduction Authorization

IDs, MSC 3ID
idsvs@nmsu.edu
 Phone: 646-2306
 Fax: 646-7814

This form is used to establish a payroll deduction for payment of your Faculty/Staff Meal Plan. This service is available to all regular employees. Please submit a completed form to the Parking & ID Card Services Office, located on the second floor of the NMSU Bookstore, Box 30001, MSC 3ID, Las Cruces, NM 88003

Print Name: (Last, First, Middle Initial) _____ Aggie ID# _____

Dept. Name _____ Dept. Phone# _____

Dept. Mail Stop Code _____ E-Mail Address _____

You must also complete a Faculty/Staff Meal Plan Agreement and submit it along with this form. You may obtain forms or additional information at <https://idcard.nmsu.edu/> or by calling the ID Card Services office at (575) 646-2306.

AUTHORIZATION FOR PAYROLL DEDUCTION:

I hereby authorize New Mexico State University to process a payroll deduction for payment of a Faculty/Staff Meal Plan. The appropriate deduction amount will be taken from each pay period, according to the selection below. I understand that I may cancel this deduction at any time as long as my account balance is paid in full. In the event of termination of my employment with NMSU, I authorize the deduction of any balance owed from my final paycheck. I understand that I am liable for all unpaid balances. Please make selection:

One-time deduction of _____ for the _____ meal plan

Aggie 150-\$1488: _____ Two pay periods - \$744/pay period _____ Four pay periods - \$372/pay period

Aggie 75-\$771: _____ Two pay periods - \$385.50/pay period _____ Four pay periods - \$192.75/pay period

Aggie 35-\$372: _____ Two pay periods - \$186.00/pay period _____ Four pay periods - \$93.00/pay period

Pete's 150-\$135: _____ Two pay periods - \$67.50/pay period _____ Four pay periods - \$33.75/pay period

Pete's 300-\$270 _____ Two pay periods - \$135.00/pay period _____ Four pay periods - \$67.50/pay period

Pete's 450-\$405 _____ Two pay periods - \$202.50/pay period _____ Four pay periods - \$101.25/pay period

Signature _____ Date _____

INTERNAL DEPARTMENT USE ONLY

Date Received: _____ Date of payroll verification: _____

Date Entered in System: _____ Notes: _____