





TENNESSEE STATE UNIVERSITY

Tennessee State University Faculty Staff Meal Plans Payroll Deduction

Employee Name:		
T-Number: T00		
ID Card Number:903522		
Department:		
Street Address:		
City:	State:	Zip:
Work Phone:		
Cell Phone:		
E-mail Address:		
Employee Status Pay: Select One	<input checked="" type="checkbox"/> Monthly 3	<input type="checkbox"/> Semi-Monthly 6
I hereby authorize TSU Payroll to deduct equal installments from my TSU Payroll check for my meal plan with ARAMARK Dining Services. Please initial in the appropriate box 		

If you elect to have the deduction to be a 1 time payment please initial here.

		Initial Below By the Plan(s) you would like
Meal Plans		
All Meal Plans must be paid within 3 months.	Payroll	
Deduction Starts next pay cycle		
75 Meals \$525.00 Average meal price \$7.00	\$ 525.00	
45 Meals \$325.00 Average meal price \$7.22	\$ 325.00	
Add \$100 DB for retail locations Starbucks, Chick-Fil-A, Pizza Hut, POD	\$ 100.00	
Add \$200 DB for retail locations Starbucks, Chick-Fil-A, Pizza Hut, POD	\$ 200.00	
Add \$300 DB for retail locations Starbucks, Chick-Fil-A, Pizza Hut, POD	\$ 300.00	
By signing below, I authorize Tennessee State University to make the above deductions to the ARAMARK Dining Service Office:		*Payroll Deduction Starts Next Pay Date:
Signature: _____	Date: _____	

Please return to the ARAMARK Dining Office Suite 131 FPCC 615.963.5486 or email clevenger-stacey@aramark.com	Questions	
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ARAMARK USE ONLY		
Total Meal Plan/DB:		
Amount to be deducted:		
Signature: _____	Date: _____	
*Please note your payroll deduction will start with the next pay cycle based on either the monthly 15th of each month or semi-monthly 15th and last day of month. The meal plan deduction must be complete before a new deduction can be started.		