



Payroll Deduction Form

Payroll deduction is available for full-time faculty and staff of WKU. Meals will not be activated until employment status can be verified. ID cards must be presented when using your meal plan.

Please return completed form via email to wkurg@wku.edu, no later than Thursday, January 25, 2024.

Section 1. Customer Information

Name: _____

WKU ID # _____

Permanent Mailing Address _____

Email _____

City, State, ZIP _____

Office Phone # _____

Section 2. Payroll Deduction Eligible Meal Plans

115 Meals - \$862 - 4 months
 50 Meals - \$389 - 2 months

Section 3. Pay Frequency (how often you get paid)

Biweekly - 26 pay periods/year
 Semi Monthly - 15th and 30th of each month
 Monthly - 12 pay periods

(Please check your meal plan option)

Meal Plan	50 Meals	# of payments	115 meals	# of payments
Payments				
Biweekly/Semi Monthly	\$ 97.25	<input type="checkbox"/> 4	\$ 107.75	<input type="checkbox"/> 8
Monthly	\$ 194.50	<input type="checkbox"/> 2	\$ 215.50	<input type="checkbox"/> 4

Section 4. Payroll Deduction Agreement - **sign up now - January 25, 2024.**

I hereby authorize the foregoing payroll deduction for the purchase of a WKU Faculty/Staff Meal Plan.

This authorization is to remain in effect until:

1) I have paid the meal plan in full **OR** 2) I terminate employment with WKU

I understand the following:

- 1) Payroll deductions for my meal plan will go into effect in February 2024.
- 2) If employment is terminated prior to full payment of the meal plan, any refund will be prorated in accordance with the number of meals that have already been used.
- 3) Upon leaving the university, meals will no longer be available on my ID unless other arrangements have been made.
- 4) **Meals will be loaded onto your ID Card by January 29, 2024.**

The information supplied above is accurate. I am a full time faculty or staff member. I agree to abide by the rules and regulations governing Meal Plans by Western Kentucky University.

Signature _____

Date _____