



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, by Thursday, August 29, 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 - \$892
 50 Meals - \$403
 25 Meals - \$215

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	115 Meals	# of payments	50 Meals	# of payments	25 Meals	# of payments
Payments						
Biweekly	\$ 148.67	<input type="checkbox"/> 6	\$ 67.17	<input type="checkbox"/> 6	\$ 35.83	<input type="checkbox"/> 6
Semi Monthly	\$ 178.40	<input type="checkbox"/> 5	\$ 80.60	<input type="checkbox"/> 5	\$ 43.00	<input type="checkbox"/> 5
Monthly	\$ 297.33	<input type="checkbox"/> 3	\$ 134.33	<input type="checkbox"/> 3	\$ 71.67	<input type="checkbox"/> 3

Section 4. Payroll Deduction Agreement - **sign up now - August 29, 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 September 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 September 3, 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 _____