



New Mexico State University
ID Card Services

Faculty/Staff Dining Option Payroll Deduction Authorization

IDs, MSC 31D
idsvs@nmsu.edu
Phone: 646-4835
Fax: 646-7164

This form is used to establish or cancel a payroll deduction for payment of your Faculty/Staff Dining Option. This service is available to all regular employees. Please submit a completed form to ID Card Services, Box 30001, MSC 31D, Las Cruces, NM 88003 or return to Corbett Center Student Union, Room 137.

This Represents: New Authorization Additional Authorization

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 Dining Option 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) 646-4835.

AUTHORIZATION FOR PAYROLL DEDUCTION:

I hereby authorize New Mexico State University to process a payroll deduction for payment of a Faculty/Staff Dining Option. 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 \$80.00 for Block of 10 meals
 - One time Deduction of \$160.00 for Block of 25 meals
 - One time Deduction of \$265.00 for Block of 50 meals
 - One time Deduction of \$400.00 for Faculty/Staff Pistol 400
 - Two pay periods (Block of 25 meals only) \$80.00 each pay period
 - Four pay periods (Block of 50 meals only) \$66.25 each pay period
 - Four pay periods (Faculty/Staff Pistol 400 plan only) ¼ of \$400.00 each pay period (\$100.00)

Signature _____ Date _____

INTERNAL DEPARTMENT USE ONLY	
Date Received: _____	Date of payroll verification: _____
Date Entered in System: _____	Notes: _____