



New Mexico State University  
ID Card Services

**Faculty/Staff Dining Option Payroll Deduction Authorization**

IDs, MSC 31D  
[idsvs@nmsu.edu](mailto: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: _____