

Faculty / Staff Meal Plan Registration Form

Name: _____

Employee Number: _____

Phone: _____ Email: _____

Meal Plan Options (check one)

_____ 10 meals for \$80 (\$8 per meal)

_____ 25 meals for \$187.50 (\$7.50 per meal)

_____ 50 meals for \$362.50 (\$7.25 per meal)

Call Dining Services:

4-1187

Scan and e-mail to Dining Services:

dine@ithaca.edu

PLEASE DO NOT E-MAIL A PHOTO OF THIS FORM

*There will be no refund on unused meals if you leave
your employment at Ithaca College.*

Payment Method

_____ Cash

_____ Check

_____ Credit card (please pay in person)   

_____ Payroll deduction: (check one) Bi-weekly _____ Semi-Monthly _____

(every 2 weeks)

(15th and last day of each month)

(Month and Date)

Pay Date #1 ___ / ___ Pay Date #2 ___ / ___ Pay Date #3 ___ / ___ Pay Date #4 ___ / ___

I authorize the Ithaca College Payroll office to deduct \$ _____ (divide total by 1, 2, 3, or 4)
from my paycheck **per pay period**, up to four consecutive payments.

Employee signature: _____ Date: _____



ITHACA COLLEGE

Dining Services