



Mississippi University for Women

A Tradition of Excellence for Women and Men

Office of Human Resources, 1100 College Street, MUW-1609, Columbus, MS 39701-5800

Employee Payroll Deduction Authorization For MUW Faculty-Staff Meal Plan

Name: _____

Employee ID: _____

Phone Number: _____

I hereby authorize Mississippi University for Women to deduct from my earnings the sum of \$145 for the Meal Plan. A \$48.33 installment will be deducted each month over the next three (3) months following receipt of this Authorization*.

*Biweekly payroll will be deducted from the first two (2) payrolls of the month.

Employee Signature

Date

Return completed form to the Office of Human Resources:

Fax: 662-241-7616

Email: hinfo@muw.edu

Mail: W-Box 1609

Hand-deliver: Shattuck Hall

FOR HR OFFICE USE ONLY:

Approved By	Deduction Dates:
_____	_____
_____	_____
Date	

FOR SODEXO USE ONLY:

Card Issued by:

Date:
