

NORTH CAROLINA CENTRAL UNIVERSITY

Payroll Deduction Form - (Faculty & Permanent FT employees only)

TO: Payroll Office

I, _____, hereby authorize the following payroll deduction for my NCCU Dining Services program from my salary effective **the next pay cycle**. I realize that I can only select one meal plan at a time and that I must expend all meals and flex dollars before I am able to add another meal plan via payroll deduction. I also realize that I cannot add another meal plan to the payroll deduction process until the one previously selected is paid off in full.

Faculty/Staff Meal Plan (2 months of payroll deductions)

Cost: \$120.00

25 meals, no flex dollars

Commuter 50 (4 months of payroll deductions)

Cost: \$244.00

50 meals, \$50.00 flex dollars

Commuter 75 (5 months of payroll deductions)

Cost: \$361.00

75 meals, \$75.00 flex dollars

Employee Signature: _____ Date: _____

Email: _____

Banner ID: _____

Ext. _____

Return to:

NCCU Eagle Card Office

117 Lee Biology Building

1801 Fayetteville Street

Durham, North Carolina 27707

Phone: (919) 530-5010

Fax: (919) 530-7722

FOR PAYROLL USE ONLY:

Please Note: Final payment must occur on or before June 30th of each fiscal year.

August:		February:	
September:		March:	
October:		April:	
November:		May:	
December:		June:	
January:		July:	
		TOTAL COST:	

Deposit Funds To: FUND: 330370 ORG: 30710 ACCT: 504310 PRO: 203

Note: If you purchase a meal plan between the 1st-12th of each month, your deductions will start that same month. If you purchase a meal plan after the 12th of the month, your deductions will start the following month. Deductions may vary based upon meal plan selection date.

