



Faculty & Staff Meal Plan Authorization Form Academic Year 2024-2025

Name: _____ RSU ID#: _____

By signing below, I understand and agree that Faculty and Staff Meal Plan payment arrangements are made at the time of selection, are non-refundable and cannot be changed once applied to my account. I understand any unused portion will forfeit as of the last day of the Spring semester of the current academic year.

Faculty and Staff Meal Plan Options:

25 Block Meals - one-time payment of \$193.00

25 Block Meals - payroll deduction(s) totaling \$193.00
Number of payroll deductions requested* Circle one: 1 2 3 4

45 Block Meals - one-time payment of \$337.00

45 Block Meals - payroll deduction(s) totaling \$337.00
Number of payroll deductions requested* Circle one: 1 2 3 4

*Payroll deductions will be allowed for a maximum of four pay periods and must conclude no later than April 30th of the academic year. If employment is terminated before full payment is made, I consent to allow the unpaid balance to be withheld from my final paycheck.

Completed forms should be remitted to the Bursar's Office, Markham Hall, Room 204, 1701 W. Will Rogers Blvd., Claremore, OK 74017.

For questions regarding Meal Plans, please contact the Bursar's Office at 918-343-7558, bursaroffice@rsu.edu or visit us online at www.rsu.edu/idcard.

Signature: _____ Date: _____

Office Use Only

Sent for Payroll Deduction By: _____ Date: _____