AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTION FOR ARAMARK MEAL PLAN/DINING DOLLARS

If you wish to use Payroll Deduction to pay for the purchase of your meal plan or dining dollars please submit this form to ARAMARK when making the purchase.

l,			hereby authorize
University of the Ozarks to ded	uct from my wages	s for the purc	hase of an Ozarks Employee
Meal Plan/Dining Dollars the su	ım of \$, in	installments
beginning	_until the total am	ount of \$	has been deducted.
In the event my employment ends for any reason before the final deduction is made, the entire balance will be deducted from my final wages.			
My signature below authorizes this voluntary deduction as stated above.			
Employee			 Date
FOR OFFICE USE ONLY:			
Aramark received and authorize	ed:		
Payroll Dept. received:			

479.979.1224 🕽 ozarks.edu 🌐 415 North College Avenue Clarksville, Arkansas 72830