



MarymountManhattan

Declining Balance Food Plan Authorization Form

I, _____, would like to have the following amount, _____, deducted from my bi-weekly paycheck each pay cycle. I would like this deduction to start on _____ and continue until terminated, in writing, and filed with the Business Office. The amount will fund my declining balance card which is my MMC ID.

Employee Signature: _____

Print Name: _____

Date: _____

Business Office memo:

Employee ID: _____

Date Entered: _____

Entered By: _____