



Auxiliary Services
4200 Martin Luther King Blvd
Houston, TX 77204

FACULTY/STAFF MEAL PLAN ENROLLMENT FORM

Name	
Employee ID #	
Department	
Campus Phone #	
Email Address	

Select plan (Block plans can only be used at residential dining halls.):

- Block 5 (average one meal per week) \$32.48/month (includes tax)
- Block 10 (average two meals per week) \$59.54/month (includes tax)
- Block 15 (average three meals per week) \$86.60/month (includes tax)

Pay Schedule

Monthly

Bi-weekly

By signing below, I agree to the terms and conditions of the University of Houston Faculty/Staff Meal Plan. Terms and conditions are listed at <http://www.uh.edu/af-auxiliary-services/services-and->

[forms/meal-plan-terms-and-conditions](#) . In addition, I voluntarily authorize the above monthly deduction from my after-tax wages as the means of payment for the selected meal plan. I understand that I may revoke this authorization at any time by providing written notice to the Auxiliary Services Customer Service Center.

Signature: _____ Date: _____