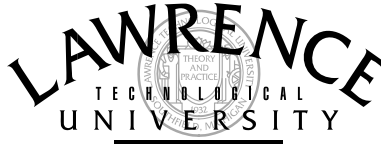


**Dining Services**



**Café Cash Card  
Faculty/Staff Application**

**PLEASE PRINT:**

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Banner ID No. Email Address Today's Date

Circle One: Staff/Administrator Full-Time Faculty Member Adjunct Faculty Member

**FACULTY/STAFF INFORMATION**

The initial cost of your Café Cash Card purchase may be paid through payroll deduction or by purchase at Café Lawrence. Additional money (minimum of \$25 purchase) may be placed on the Café Cash Card by paying with cash, check or credit card at the Dining Services cashier station in Café Lawrence. Each time a purchase is made with the Café Cash Card at either Café Lawrence or at Larry's Joe Coffee House, the cost of the purchase will be deducted from the balance on your Café Cash Card. For staff and full-time faculty, unused Café Cash Card balances will continue to carry over each semester throughout employment at LTU. For adjunct faculty, unused balances are forfeited at the end of the spring semester.

I would like to place \$\_\_\_\_\_ (*minimum amount of \$50/maximum amount of \$450*) on my Café Cash Card through (check one) \_\_\_payroll deduction \_\_\_ cash/credit card purchase through Dining Services.

If I have chosen payroll deduction, I hereby authorize the Lawrence Technological University Payroll Department to deduct this sum from my paycheck in two equal payments if less than \$100, or five equal payments if \$100 or more. Should my employment terminate before the total sum is paid, I understand that the balance is due immediately and may be deducted from my final paycheck.

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CANCELLATION POLICY:**

Staff, full-time, and adjunct faculty who place money on their Café Cash Card may cancel the service and receive a full refund of the unused balance prior to termination of employment. After termination, any unused balance will be forfeited.

<b><u>For Office Use Only:</u></b>		
Café Cash Card Activated on (Date) _____	By: _____	
Payroll Deduction processed on (Date) _____	By: _____	
Pay ID _____	Pay # _____	
<b>Cancellation Information:</b>		
Cancelled on (Date) _____	Refund Given: _____	By: _____