



Human Resources and Payroll
4400 University Dr., MS 3C3, Fairfax, Virginia 22030
Phone: 703-993-2600; Fax: 703-993-2601

GEORGE MASON UNIVERSITY
TAX DEFERRED SAVINGS PLAN

Authorization to Stop Contributions from Summer Pay for 9-month Faculty

Employee Information:

Name: _____

G#: _____ Phone Ext: _____

Action Requested: _____ Stop contribution for summer pay only.

TERM OF THIS AGREEMENT: This Authorization will stop your 403(b) contributions for the 2019 summer only. Contributions will not be taken from your 6/14/19; 7/1/19; 7/16/19; 8/1/19; 8/16/19 and 8/30/19 pay checks. Contributions will begin again on your 9/16/19 paycheck. The contribution amount will be the same amount as it was on your 5/31/19 pay check. If you wish to change the amount of your contribution please complete a 403(b) Salary Reduction Agreement.

RIGHT OF CORRECTION: I understand, and agree, that should Mason have reason to believe that any fact that forms a basis for this Authorization is in error, it may take any actions it deems necessary to rectify such circumstance. Such actions may include, without limitation, use of any funds owed by it to me to pay additional withholding taxes.

IN WITNESS WHEREOF, the undersigned has executed this Authorization as of the date and year written below:

Employee Signature

Date