

403(b) TAX DEFERRED SAVING PLAN PAYROLL DEDUCTION AUTHORIZATION

Employee Information:		
Name:	UIN:	Date:
Dept. Phone:	Dept. E-mail:	
<p>The Employee and Employer have entered into this Salary Reduction to obtain for the employee the benefits of section 403(b) of the Internal Revenue Code. It is agreed that, I authorize the Employer to initiate the salary reduction in accordance with the section 403(b) Plan maintained by ODU Research Foundation.</p>		
<p><small>Reduction does not exceed the limits established in sections 403(b) and 415 of the Internal Revenue Code and related Regulations.</small></p>		
<input type="checkbox"/> I elect to contribute of my current and future pay period the amount of:	\$ _____	
<input type="checkbox"/> I am already enrolled, but I want to change my contribution to:	\$ _____	
Pay period beginning :	Pay Date:	