



## AUTHORIZATION FOR PAYROLL DEDUCTION

New     Change     Inactivate

Effective Date: \_\_\_\_\_

*\*Please note that only your payroll office can confirm the exact effective date.*

Please use this form to initiate or make changes to your GET payroll deduction. List the payroll deduction payments for **all** of your GET accounts. This form must be returned to your employer. *This request will replace all previous requests.*

### 1. Employee Information

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

### 2. GET Account Information

GET Account Owner (If different than employee): \_\_\_\_\_

Student Beneficiary Name	GET Account Number (Required)	Social Security Number (Required)	Monthly Deduction Amount (\$20 min. per GET Account)

**Required**—Total Authorized Monthly Payroll Deduction Amount \$ \_\_\_\_\_

### 3. Employer Information

*Check with your employer or visit [www.get.wa.gov](http://www.get.wa.gov) for a list of employers that currently participate in GET payroll deduction.*

Employer Name \_\_\_\_\_ Agency/Department \_\_\_\_\_  
Payroll Contact \_\_\_\_\_ Payroll Contact's Phone Number \_\_\_\_\_  
Payroll Contact's Email Address \_\_\_\_\_

### 4. Employee's Signature - Required

- *Submit to your employer to make changes or to stop your deduction. When your GET account is paid in full, you must complete this form to inactivate your payroll deduction.*
- *This form **replaces** any current GET payroll deduction. It is your responsibility to notify us when a deduction will not be taken for one or more pay periods and to make alternative payment arrangements. Payments not received by the end of the month may result in a late payment fee.*

*By signing this form, I am requesting that payroll deduction be established or modified as indicated in Section 2 above and agree to the preceding terms.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Send original form to your employer and a copy to:**

Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or 360-704-6200 (Fax)

**Questions:** GETInfo@hecb.wa.gov or 1-800-955-2318