



AUTHORIZATION FOR PAYROLL DEDUCTION
◆ FORM MUST BE RETURNED TO YOUR EMPLOYER ◆

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 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): _____

Payroll Deduction Code: 089

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

Employer Name Eastern Washington University Agency/Department _____
Payroll Contact _____ Payroll Contact's Phone Number (509) 359-2325
Payroll Contact's Email Address _____

4. Employee's Signature - Required

- Please submit this form to your employer to make any 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