



**GET PAYROLL DEDUCTION ESTABLISHMENT FORM**

DATE: \_\_\_\_\_

Please complete this form and return it to the GET Program.

<b>EMPLOYER</b>	
<b>TIN (Taxpayer ID Number)</b>	
<b>ADDRESS</b>	
<b>CONTACT PERSON</b>	
<b>TITLE</b>	
<b>PHONE</b>	
<b>FAX</b>	
<b>E-MAIL ADDRESS</b>	
<b>PAYROLL FREQUENCY</b>	<input type="checkbox"/> 1x month <input type="checkbox"/> 2x month <input type="checkbox"/> biweekly (26 per year) <input type="checkbox"/> other _____

COMMENTS OR SPECIAL INSTRUCTIONS: \_\_\_\_\_

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**Submit to:**

Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or by Fax at 360-704-6200  
 Questions: GETInfo@hecb.wa.gov or 1-800-955-2318