Washington Guaranteed Education Tuition

Send to:
Guaranteed Education Tuition
PO BOX 84824, Seattle, WA 98124-6124
1.800.955.2318 ● FAX 1.360.704.6200
Email: GETInfo@hecb.wa.gov

MASTER SCHOLARSHIP ACCOUNT SET-UP FORM

Please print or type all information. Be sure to sign form. **Master Scholarship accounts are subject to approval by the GET Director.**

1. ORGANIZATION NAME

Please provide the following information about the person or organization that will be the owner of the contract. Only the designated Organization Authorized Representative may make changes to the account or request a refund.

ORGANIZATION NAME

ORGANIZATION TYPE ☐ State or local government ☐ 501 (c) (3) tax-exempt organization

ADDRESS

Number and street, including suite or PO Box number

City *State* *Zip* *Email Address*

TAX ID # TELEPHONE EXT.

2. ORGANIZATION AUTHORIZED REPRESENTATIVE

This Authorized Representative of the organization is the only person who may make changes to the account or request a refund. All correspondence will be addressed to the Authorized Representative.

ORGANIZATION AUTHORIZED REPRESENTATIVE

Last name and Generational Suffix (i.e. Sr., Jr., III.) *First Name* *M.I.*

ADDRESS ☐ *Check here if you want to use the same address as listed in the Organization section*

Number and street, including apartment or PO Box number

City *State* *Zip* *Email Address*

SOCIAL SECURITY OR TAX ID # HOME TELEPHONE WORK TELEPHONE EXT.

NOTE: If the Authorized Representative changes, you MUST notify the Program in writing and provide information regarding the new Authorized Representative.

3. INFORMATION RELEASE

You may authorize GET to release verbal information regarding this student's account to another person in addition to the person listed in Section 2. Please provide the following information about him or her.

NAME

Last name and Generational Suffix (i.e. Sr., Jr., III.) *First Name* *M.I.*

ADDRESS ☐ *Check here if you want to use the same address as listed in the Organization section*

Number and street, including suite or PO Box number

City *State* *Zip* *Email Address*

SOCIAL SECURITY OR TAX ID # HOME TELEPHONE WORK TELEPHONE EXT.

4. SELECTION OF INITIAL FUNDING LEVEL

The organization may purchase from 1-5,000 units in a Master Scholarship Account. You must purchase at least one unit at this time but may add additional units up to the maximum at any time in the future at the unit price in effect at the time of receipt of your payment.

Enter the dollar amount you are enclosing to purchase Lump Sum units for this account: $ _____.____

5. ACCOUNT SET-UP FEE

The non-refundable $100.00 Account Set-up Fee Fee MUST be included when this form is submitted. You may send a check with the form or charge the $100.00 Account Set-up Fee to your credit/debit card. Please select your payment option(s) below.

☐ Pay $100.00 Account Set-up Fee by **CHECK** Check # _____

☐ Pay $100.00 Account Set-up Fee by **CREDIT/DEBIT CARD**. ☐ VISA ☐ MC ☐ DISC ☐ AMEX

Month Year

_____ _____ _____

Credit Card Number *Expiration Date*

I authorize GET to charge the $100.00 Account Set-up Fee to the above credit/debit card. I understand this fee is non-refundable.

Signature of the Account Holder: _____ Date: _____

Print name as shown on credit/debit card: _____

6. PAYMENT INSTRUCTIONS

DUE NOW: (*Remit with this Account Set-up Form)*

1) $100.00 Account Set-up Fee (unless paid by Credit/Debit Card above)…….. $ _____

2) Payment for Lump Sum units being purchased @ $163.00 per unit…….. $ _____

TOTAL AMOUNT DUE NOW:…… $ _____

Check, Cashier's Check or Money Order must be enclosed for the Total Amount Due. Make payments to the order of : Guaranteed Education Tuition, or GET. The unit price is set annually and may also be adjusted once during the year. To ensure you receive the current unit price of $163.00, it is strongly recommended that you send your payment with this Account Set-up Form.

7. SIGNATURE OF AUTHORIZED REPRESENTATIVE

I hereby certify that the above information on this Account Set-up Form is true and accurate to the best of my knowledge. I acknowledge that a penalty fee may apply for account cancellation/termination. In signing below, I am agreeing to all terms and conditions in the Master Agreement which I have read and fully understand. The Authorized Organization Representative must have signature authority.

Signature of Organization Authorized Representative: _____ Date: _____

Please print full name: _____

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or by Fax to 360.704.6200
Questions: GETInfo@hecb.wa.gov or 1.800.955.2318