



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/Employee # _____
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 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