



GET PAYROLL DEDUCTION ESTABLISHMENT FORM

DATE: _____

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

EMPLOYER	
TIN (Taxpayer ID Number)	
ADDRESS	
CONTACT PERSON	
TITLE	
PHONE	
FAX	
E-MAIL ADDRESS	
PAYROLL FREQUENCY	<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: _____

Submit to:

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