

**PAYROLL DEDUCTION AUTHORIZATION**  
**◆COMPLETE AND TURN IN TO YOUR EMPLOYER◆**



Initiate     Change     Cancel

Effective Date: \_\_\_\_\_

*\*Please note that only your payroll office can confirm the exact effective date.*

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): \_\_\_\_\_

Student Beneficiary Name	GET Account Number (Required)	Social Security Number (Required)	Deduction Amount (\$20 min. per GET Account, per month)	Pay Cycles per year
				<input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly (12)
				<input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly (12)
				<input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly (12)

**Required**—Total Authorized Payroll Deduction Amount per pay cycle \$ \_\_\_\_\_

**3. Employer Information**

*Check with your employer or visit [www.get.wa.gov](http://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. Custom Monthly Plan payments not received by the 25th 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

Employers:

- If you are a new employer for the GET payroll deduction process, please complete the employer payroll deduction form at: <http://www.get.wa.gov/payroll-deduction>
- Please scan and email this form to [GETInfo@wsac.wa.gov](mailto:GETInfo@wsac.wa.gov) OR Fax to 360.704.6200 OR Mail to GET, PO Box 43450, Olympia, WA 98504-3450
- Questions: [GETInfo@wsac.wa.gov](mailto:GETInfo@wsac.wa.gov) or call 1.800.955.2318