

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

**Payroll Deduction Code: 089**

Student Beneficiary Name	GET Account Number (Required)	Social Security Number (Required)	Monthly Deduction Amount monthly/bi-monthly/bi-weekly (\$20 min. per GET Account)

**Required**—Total Authorized Monthly Payroll Deduction Amount \$ \_\_\_\_\_

**3. Employer Information**

Employer Name Eastern Washington University Agency/Department \_\_\_\_\_  
 Payroll Contact \_\_\_\_\_ Payroll Contact's Phone Number **(509) 359-2325**  
 Payroll Contact's Email Address \_\_\_\_\_

**4. Employee's Signature - Required**

- Submit this form to your employer to make any 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, PO Box 43450, Olympia, WA 98504-3450 or 360.704.6200 (Fax)