

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): _____

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 Overlake Hospital Medical Center Agency/Department Human Resources Department
 Payroll Contact Angela Snyder Payroll Contact's Phone Number (425) 688-5930 or (425) 688-5758 (fax)
 Payroll Contact's Email Address angela.snyder@overlakehospital.org

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, PO Box 43450, Olympia, WA 98504-3450 or 360.704.6200 (Fax)