

**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**

*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 \_\_\_\_\_ City of Tukwila \_\_\_\_\_ Agency/Department \_\_\_\_\_  
 Payroll Contact \_\_\_\_\_ Jennifer Ferrer-Santa Ines \_\_\_\_\_ Payroll Contact's Phone Number \_\_\_\_\_ 206.431.2192  
 Payroll Contact's Email Address \_\_\_\_\_ jsantaines@ci.tukwila.wa.us \_\_\_\_\_

**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)