

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 _____
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)	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 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 review the employer payroll deduction guide at: <http://www.get.wa.gov/payroll-deduction>
- Please scan and email this form to 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 or call 1.800.955.2318