AUTOMATIC WITHDRAWAL AUTHORIZATION

GET
GUARANTEED EDUCATION TUITION

☐ **New** ☐ **Change** ☐ **Inactivate**

Use this form to initiate or make changes to automatic withdrawals from your bank account. Automatic withdrawals can only be used with accounts held by a U.S. bank, savings and loans association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through nonbank financial companies may not be used. In addition, some financial institutions do not allow ACH transaction to be conducted by a savings account.

GET Account Owner Information

GET Account Number _____ Type of GET Account: ☐ Lump Sum ☐ Custom Monthly

GET Account Owner Name _____ Student Beneficiary Name _____

Bank Account Holder Information

☐ **GET Account Owner** ☐ **Giftor**

or

Name (First, Middle, Last, Suffix) _____ Street Address/Apartment # _____

Email Address _____ Post Office Box Number _____

Phone Number (specify type) _____ City/State/ZIP Code _____

Authorization

I hereby authorize the Guaranteed Education Tuition Program (GET) acting on my instructions to initiate entries to my financial institution account indicated above and the financial institution indicated above to debit this same account. I authorize the financial institution to accept any credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law. This authority remains in full force and effect until the GET office receives my written notification of its termination in such time and manner as to afford GET and the financial institution a reasonable opportunity to act on it. I understand and agree that all transaction requests placed for my account are my sole responsibility and are at my sole risk. GET may cancel my ACH and notify me in writing of such cancellation. I understand that withdrawals for Custom Monthly Accounts occur automatically on the 15th day of each month or on the next business day if the 15th day falls on a weekend or holiday. In the event of unsuccessful debits, I understand that GET reserves the right to assess this GET Account a returned ACH fee of $25.00 per returned ACH withdrawal or the actual bank fee charged, whichever is greater. I understand that GET will process my ACH request upon receipt of my signed authorization. GET will notify me in writing of the first expected ACH withdrawal date. However, by signing this form, I acknowledge that GET may begin withdrawals even if I do not receive written notification prior to the first withdrawal date. I agree that GET, Washington State and their respective affiliates will not be liable for any loss, cost or expense to me when they act upon instructions reasonably believed to be genuine. I certify that I have authority to transact on the bank account identified by me above and I confirm that the registration on such bank account and my GET Account meet the requirements set forth above.

Account Type: ☐ Checking ☐ Savings **Withdrawal Amount:** $_____ **/ month**

Bank Account Holder's Signature _____ **Date** _____

Please **tape** a voided check or a savings account deposit slip here. (Please do not staple.)

ATTACH VOIDED CHECK HERE

Do NOT attach a deposit slip for checking account withdrawals.
Please be aware that some financial institutions do not allow automatic withdrawal from savings accounts.

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