

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 **each** of your GET accounts. This request will replace all previous requests.

Employee Information

Employee Name _____
Mailing Address _____
City/State/ZIP _____
Email Address _____

Home Phone Number _____
Work Phone Number _____
Cell Phone Number _____

GET Account Information

GET account owner (If different than employee): _____

Student Beneficiary Name	GET Account Number (Required)	Deduction Amount (\$5 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 \$ _____

Employer Information

Check with your employer or visit wastate529.wa.gov/for-employers for a list of employers that currently participate in GET payroll deduction.

Employer Name _____
Agency/Department _____
Mailing Address _____

Payroll Contact Name _____
Payroll Contact Phone _____
Payroll Contact Email _____

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:

- New employers for GET payroll deduction, please review the Payroll Deduction Guide on our Employer page: wastate529.wa.gov/for-employers.
- Please scan and email this form to GETInfo@wsac.wa.gov | Fax to 360.704.6200 | Mail to GET, PO Box 43450, Olympia, WA 98504-3450
- For Questions call our Contact Center at 1.800.955.2318 or email at GETInfo@wsac.wa.gov.