

PAYROLL DIRECT DEPOSIT 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 direct deposit (formerly called payroll deduction). List the payroll direct deposit 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)	Direct Deposit 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 Direct Deposit Amount per pay cycle \$ _____

Employer Information

Check with your employer or visit 529.wa.gov/for-employers for a list of employers that currently participate in GET payroll direct deposit.

Employer Name _____
 Agency/Department _____
 Mailing Address _____

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

Employee's Signature - Required

By signing this form I acknowledge and certify that:

- I must submit this form to my employer to make changes or to stop my direct deposit (formerly payroll deduction). When my GET Account is paid in full, I must complete this form to inactivate my payroll direct deposit.
- This form replaces any current GET payroll direct deposit. It is my responsibility to notify GET when a direct deposit 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.
- For Lump Sum Accounts, I understand that the unit purchase price is set (changes) annually and may be adjusted once per year to ensure Actuarial Soundness of the Program.
- I am requesting that payroll direct deposit be established or modified as indicated 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: 529.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.