

Michigan Education Trust Payroll Deduction Authorization

Complete this form if your employer is willing to process payroll deductions to the Michigan Education Trust.

(Use one form for each MET contract)

<input type="checkbox"/> New Payroll Deduction Request <input type="checkbox"/> Change Deduction Request <input type="checkbox"/> Stop Deduction Request	Contract Number (if known)												
GENERAL INFORMATION													
Employee Name (Last, First, M.I.)	Employee Social Security Number												
Employee Home Address													
Home Telephone Number	Business Telephone Number												
Beneficiary Name (First, Last, M.I.)	Beneficiary Social Security Number												
EMPLOYER INFORMATION													
Company/Employer Name	Employee I.D. Number												
Employer Address													
Name of Human Resources Contact Person	Telephone Number of Human Resources Contact Person												
CALCULATING YOUR PAYROLL DEDUCTION AMOUNT (Monthly Purchase Contracts Only)													
1. Enter the monthly purchase amount.....													
2. Multiply the monthly purchase amount on line 1 above X 12													
3. Determine the number of paydays you have annually. <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Pay Frequency</td> <td style="border: none;">Number of Annual Paydays</td> </tr> <tr> <td style="border: none;">Weekly</td> <td style="border: none;">52</td> </tr> <tr> <td style="border: none;">BiWeekly</td> <td style="border: none;">26</td> </tr> <tr> <td style="border: none;">SemiWeekly (twice each month)</td> <td style="border: none;">24</td> </tr> <tr> <td style="border: none;">Monthly (once every month)</td> <td style="border: none;">12</td> </tr> <tr> <td style="border: none;">Other</td> <td></td> </tr> </table> Enter the number of annual paydays.....	Pay Frequency	Number of Annual Paydays	Weekly	52	BiWeekly	26	SemiWeekly (twice each month)	24	Monthly (once every month)	12	Other		
Pay Frequency	Number of Annual Paydays												
Weekly	52												
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Monthly (once every month)	12												
Other													
4. Divide the amount in line 2 by line 3. Enter the exact amount including cents (round up if necessary). This is your payroll deduction amount (enter here and in Authorization section below)													
PAYROLL DEDUCTION AMOUNT FOR PAY-AS-YOU-GO CONTRACTS													
1. Enter the payroll deduction amount (enter here and in Authorization section below)													
CHANGE OR STOP PAYROLL DEDUCTION													
I hereby request and authorize my employer to <input type="checkbox"/> Change Deduction <input type="checkbox"/> Stop Deduction from my earnings each pay period for my Michigan Educations Trust Contract. Current Deduction \$ _____ New Amount \$ _____													
Signature	Date												
AUTHORIZATION													
I hereby request and authorize my employer to deduct \$ _____ from my earnings each pay period for transmittal to the Michigan Education Trust. This authorization is revocable by me upon written notice to my employer or upon completion of my MET monthly purchase contract. I also authorize MET to correct and notify me of any error in the calculation made on this form.													
Signature	Date												

If you have any questions, call 800-MET-4-KID or e-mail TreasMET@michigan.gov.

MAIL TO: Michigan Education Trust, P.O. Box 30198, Lansing, MI 48909

Fax: 517-763-0124

E-mail to: TreasMET@michigan.gov