

# Michigan Education Trust Payroll Deduction Authorization

Complete this form if your employer is willing to process payroll deductions to the Michigan Education Trust (MET).  
(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) |
| <b>PAYROLL DEDUCTION TYPE</b>   |   |   |                            |
| <input type="checkbox"/> State of Michigan Employee   | <input type="checkbox"/> Direct Deposit           | <input type="checkbox"/> Other                  |                            |
| <b>GENERAL INFORMATION</b>  |   |   |                            |
| Employee Name (Last, First, M.I.)   |   | Employee Social Security Number                 |                            |
| Employee Home Address   |   | Employee E-mail Address                         |                            |
| Home Telephone Number   |   | Business Telephone Number                       |                            |
| Beneficiary Name (First, Last, M.I.)  |   | Beneficiary Social Security Number              |                            |
| <b>EMPLOYER INFORMATION</b>   |   |   |                            |
| Company/Employer Name   |   | Employee I.D. Number                            |                            |
| Employer Address  |   | Name of Human Resource Contact                  |                            |
| E-mail of Human Resource Contact  |   | Telephone Number Human Resource Contact         |                            |
| <b>PAYROLL DEDUCTION AMOUNT</b>   |   |   |                            |
| 1. Enter the payroll deduction amount (enter here and in Authorization section below) .....   |   | \$  |                            |
| 2. Next pay date (does not indicate actual start date of deductions).....   |   | (MM/DD/YYYY)                                    |                            |
| 3. Pay frequency (weekly, bi-weekly, semi-weekly [twice per month], monthly, other).....  |   |   |                            |
| <b>CHANGE OR STOP PAYROLL DEDUCTION</b>   |   |   |                            |
| 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 \$ _____                             |                            |
| <b>AUTHORIZATION</b>  |   |   |                            |
| 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 and MET. I also authorize MET to correct and notify me of any error made on this form. |   |   |                            |
| Signature   |   | Date  |                            |

Once this form has been processed, additional instructions will be sent to you.

If you have any questions, call 800-MET-4-KID or e-mail [TreasMET@Michigan.gov](mailto: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](mailto:TreasMET@Michigan.gov)**