

DIRECT DEPOSIT REACTIVATION

Please reactivate my Direct Deposit already on file. There have been no changes to my financial institution or account. *

_____ **Print Name**

_____ **Signature**

_____ **Date**

N _____
NYS Empl ID #

_____ **Phone # or email address**

_____ **Student**

_____ **Faculty / Staff**

_____ **Bank Name**

_____ **Last four digits of account number**

***Any Change in banking information will require completion of a new Direct Deposit Authorization Form**