

DIRECT DEPOSIT REACTIVATION

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

Print Name

Start 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**

Signature

Date