

DIRECT DEPOSIT REACTIVATION / TRANSFER REQUEST

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**

Check here if you have more than one job and are requesting direct deposit information to be transferred to all active jobs.

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