

Opt out of Direct Deposit Statement Request
Purchase College, S.U.N.Y.

I am currently enrolled in Direct Deposit and would like to opt out of receiving a paper statement. There has been no change to my financial institution or my account**.

Employee Signature

Date

Print Name

xxx-xx-
Last 4 digits of SSN

Department Name

Employment Re-hire Date: _____ 20____

Are you: (Please check only one)

☐

Faculty/Staff

☐

College Work Study

☐

Student Assistant

****Changes in Bank or Account(s) require completion of a new Direct Deposit Enrollment form.**

Send form to:
Payroll Department/Human Resources
735 Anderson Hill Road
Purchase, New York 10577-1400

Fax: (914)251-6064