

Direct Deposit Reactivation Request Purchase College, S.U.N.Y.

Please re-activate my previous Direct Deposit already on file. 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

Optional:

☐

I wish to opt out of receiving a printed copy of my Direct Deposit statement.

****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

Revised: 08/2018