ESF

State University of New York
College of Environmental Science and Forestry

DIRECT DEPOSIT REACTIVATION FORM

Name (Last, First, MI): _____

N#: _____ **Last 4 SSN**: _____

Email: _____ **Phone**: _____

Job Classification/Agency Code (choose from one of the following):

_____ **Faculty/Staff**: 28550
_____ **Graduate Assistantship/Teaching Assistantship**: 28559
_____ **Student Assistant**: 28551
_____ **Federal College Work Study:** 28553

Department: _____

Is this for Current or Future employment? (If FUTURE – Include Start Date)

_____ **Current**

_____ **Future** **Start Date**: _____

I request reactivation of direct deposit **account information *currently on record*** for New York State payroll(s) at SUNY ESF at the following:

Bank Name [s]: _____

_____

I understand that this form is only applicable for accounts that are open and active, and that I have not closed my bank account(s) with the listed bank(s).
I understand that it is my responsibility to notify the Payroll office if any changes are made to my account(s) via a separate Direct Deposit Enrollment form, while employed and utilizing direct deposit.
The reactivation will take place in the next available payroll period for the agency code listed, and may not be the next paycheck date. Incomplete forms will delay processing.

Signature: _____

Date: _____