

## **DIRECT DEPOSIT REACTIVATION REQUEST**

Date:	
Name (first last):	
NYS ID (from your paycheck):(If unavailable please use Albany Campus ID)	
Please reactivate my Direct Deposit using There have been no changes to my finance	-
I am currently employed as (check all tha	at apply):
<ul> <li>Faculty/Staff</li> <li>Graduate/Teaching Assistant</li> <li>Student Assistant</li> <li>College Work-Study</li> <li>Another State Agency (Please list)</li> </ul>	
Start Date:	
(If not currently employed or recently hired at the	ne University at Albany)
Go Paperless - check below: Save the environment! Please downwill access my information on NY www.suny.edu/hrportal	
In signing this form, I authorize all of my NYS salar financial institution(s) to be deposited into the specific due to me to be sent to the designated financial institutionate account designated.	fied account(s), and all non-payroll amounts
Signature	Email and/or phone number
*Changes in banking information require cor	npletion of a new Direct Deposit

**Authorization Form**