**Direct Deposit Reactivation Request**

I am requesting re-activation of my previous Direct Deposit account already on file. There have been no changes to my financial institution or account.

Print/Type Name:

Last 4 digits of SSN:       NYS ID number (found on your paystub):

Complete each row for existing accounts previously on file.

|  |  |  |
| --- | --- | --- |
| Active Bank Authorizations | Name of Bank | Last 4 Digits of Bank Account Number |
| Bank #1 |  |  |
| Bank #2 |  |  |
| Bank #3 |  |  |

Signature:       Date:

I would like to receive electronic stubs at <https://suny.edu/hrportal>: YES  NO

Return completed form to the Payroll Office in Cleveland 408, or via email at [payroll@buffalostate.edu](mailto:payroll@buffalostate.edu).