SUNY OLD WESTBURY
OWN YOUR FUTURE

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: 28200

_____ Student Assistant: 28201

_____ Federal College Work Study: 28203

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 Old Westbury at the following:

Bank Name [s]: _____

Last 4 of account # [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: _____