

# Farmingdale State College STATE UNIVERSITY OF NEW YORK

## **DIRECT DEPOSIT REACTIVATION FORM**

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Name (Last, First, MI): \_\_\_\_\_

Ext: \_\_\_\_\_ Email: \_\_\_\_\_

I am currently employed as:

\_\_\_\_ Faculty/Staff      \_\_\_\_ Student Assistant/College Work Study

*I request reactivation of my direct deposit account information currently on record for New York State Payroll at Farmingdale State College.*

Bank Name: \_\_\_\_\_

Last four digits of Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Last four digits of Account Number: \_\_\_\_\_

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*I understand that this form is only applicable for my accounts that are open and active and 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.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Enroll in New York State Payroll Online (NYSPO) to review your banking information, W-2 information and to go paperless at [www.suny.edu/hrportal](http://www.suny.edu/hrportal).**

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**For Payroll use only:**

Reactivation date: \_\_\_\_\_ Entered by: \_\_\_\_\_

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