

DIRECT DEPOSIT REACTIVATION FORM

Nan	ne (please print Last, F	⁻ irst, MI):		
N#	N	Last	4 SSN:	
	(Your N# can be found on your paper or electronic pay stub)			
Ema	ail		_ Cell Phone:	
Job	Classification/Agend	:y Code (check al	ll that apply)	
	Faculty/Staff – 28	3180	Student Ass	istant- 28181
	Graduate Assista	nt - 28189	College Wo	rk Study- 28183
	request reactivation of	of the Direct Depos	sit account information of	currently on record for New
Yorl	s State payroll(s) at Fre	edonia at the follov	ving:	
Ban	k Name:			
Las	t 4 digits of Account	number:		
	Go Paperless – I requ	est to opt out of rec	ceiving a printed copy of r	ny Direct Deposit pay stub sent
to m	e. I understand that I	can view and print	my electronic pay stubs	via the SUNY Self Service Portal
and	NYS Payroll Online (N	IYSPO) accessed	via <u>https://www.suny.edu</u>	/hrportal
luno	lerstand that this form is	only applicable for a	accounts that are open and a	ctive, and that I have not closed my
banł	account(s) with the liste	d bank(s). I understa	and that it is my responsibilit	y to notify the Payroll Office if any
char	ges are made to my acc	ount(s) via a separa	te Direct Deposit Enrollment	form, while employed and utilizing
Dire	ct Deposit. This reactiva	tion will take place ir	n the next available payroll p	eriod for the agency code listed,
and	may not be the next pay	check date. Incomp	olete forms will delay proce	essing.
Sigr	ature:			
Date):			

Please return Reactivation Form to **Payroll Services** at 303 Maytum Hall, email to

Payroll.Services@fredonia.edu