

## **DIRECT DEPOSIT REACTIVATION FORM**

Name (Last, First, MI):			
B# or N# :	c	ell Phone:	
Emai	il:	@I	oinghamton.edu
Job Classification/Ag	ency Code (choose from o	ne of the following)	):
Student As	aff – 28020 Assistantship or Teaching ssistant 28021 Illege Work Study – 28023	_	28029
Is this for Current or	Future employment? (If F	UTURE – Include S	Start Date)
Current			
Future Sta	art Date:		
payroll(s) at Binghamto	f direct deposit <b>account inf</b> on University at the following	<b>g</b> :	ly on record for New York State
	ESS- I would like to opt out I can view it online, or opt		
closed my bank accour I understand that it is m	nt(s) with the listed bank(s).  ny responsibility to notify the	Payroll office if ar	en and active, and that I have not by changes are made to my oyed and utilizing direct deposit.
	ke place in the next availableck date. Incomplete forms		the agency code listed, and mayng.
Signature:			
Date <sup>.</sup>			