



Direct Deposit Reactivation Request

Please re-activate my previous Direct Deposit already on file. There have been no changes to my financial institution or account. We require your N# from your pay stub as an additional step to verify your identity.

Name of Bank

Last 4 digits of your account number

N#

Print Name

Signature

Date

I would like to opt out of receiving paper stubs.

Changes to your Direct Deposit require completion of a new Enrollment form.

Send form to: Payroll, French Hall 214