| Name | |
|---|--|
| Last 4 digits of SS# | |
| | |
| CHECK ONE Faculty / Staff | Student Temp Service College Work Study |
| | |
| Please reactivate my Direct Deposit. My bank period I participated in the Direct Deposit programme. | ing institution information <u>has not</u> changed since the last time gram. |
| , , , , , , , , , , , , , , , , , , , | , |
| Signature | Date |

DIRECT DEPOSIT REACTIVATION