



Enrollment Consent / Change Form for Direct Deposit

Please PRINT Clearly

New Enrollment Change Cancel

Employee Name
Email Address
Company Name
Social Security Number _____ - _____ - _____
My Bank's Name
My Bank's Routing Number (First group of numbers printed on the bottom of your check, either 8 or 9 digits) _____
Please Direct Deposit my reimbursements directly to the account listed below: Please check one account type: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS Account # _____
I authorize credit entries and any adjustments to be made to my account. This enrollment will stay in effect throughout all re-enrollment and plan year rollovers

Date: ___/___/___ Sign Here:

**STAPLE
VOIDED
CHECK
HERE**

Return Form To:
gente
122 Parish Drive
Wayne, NJ 07470
Email: adminsupport@gente.solutions
Fax: 973-832-4499