



**flowers employees  
financial services**

a division of envision credit union

## Close Membership Request Form

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

I hereby request to close my membership with Flowers Employees Financial Services a division of Envision Credit Union. I understand that should I have payroll deductions currently in place, it may take up to 10 business days for payroll deduction changes to become effective.

Should there be a remaining balance in any of my accounts, I request that a check be issued to the following mailing address (**check one**):

My Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My HR Department: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Please tell us the reason for closing your account:

Relocated to another City or State (enter address above)

Transferring to another Financial Institution

Unsatisfied with service (please explain) \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Flowers HR Personnel Only

Please submit completed form to [AskUs@FlowersEFS.com](mailto:AskUs@FlowersEFS.com).

I hereby acknowledge receipt of the above form and have verified the identity of the employee submitting the Close Membership Request. **I have included a copy of a valid government issued ID of the member with this form.**

\_\_\_\_\_  
HR Personnel Print Name

\_\_\_\_\_  
HR Personnel Signature

\_\_\_\_\_  
Date