

Check Request Form

Name:				_
Date:	Membe	r Number:		-
	s my written request to s / Checking / Holida			written from my
Please mail my che	eck to (check one):			
My Address	::			
City:		State:	Zip:	
My HR Dep	artment:			
City:		State:	Zip:	
By signing below, request.	I acknowledge that my	y check may arrive up	to 10 business days	from the receipt of this
Member Signat	ture:			
Flowers HR Person	onnel Only pleted form to AskUs	@FlowersEFS.com.		
I hereby acknowled the Check Request	•	ve form and have verif	ied the identity of the	e employee submitting
HR Personnel Prin	t Name	HR Personnel Sig	gnature –	Date