



Voluntary Payroll Deduction Authorization

Name: _____

Date: _____ **Member Number:** _____

I hereby authorize my employer or its affiliates to make the following voluntary deductions and to remit them to Flowers Employees Financial Services.

Share / Savings		Other		Loans	
Account	\$ Amount	Account	\$ Amount	Account	\$ Amount
Share/Savings					
Holiday					
Vacation					
Checking					
Subtotal		Subtotal		Subtotal	
Total					

By checking this box, I wish to stop all deductions. I understand that a Membership Close Request Form is required to close my membership.

By signing below, I acknowledge that the above payroll deduction changes may take up to 10 business days to become effective.

Signature: _____

Flowers HR Personnel Only

Please submit completed form to AskUs@FlowersEFS.com.

I hereby acknowledge receipt of the above form and have verified the identity of the employee submitting the Payroll Deduction change request.

HR Personnel Print Name

HR Personnel Signature

Date