



**flowers employees
financial services**

a division of envision credit union

Member Information Change Form

Name: _____

Date: _____ **Member Number:** _____

I hereby authorize my employer or its affiliates to update the following information on my Flowers Employees Financial Services membership.

Please update all that apply.

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Check here if Mailing Address is different than above, enter on the line below.

Address _____ **City** _____ **State** _____ **Zip** _____

***PO Box address also requires a physical location address**

Phone: Home: _____ **Work:** _____ **Cell:** _____

E-mail Address: _____

By signing below, I acknowledge that the above changes may take up to 10 business days to become effective and that the changes will supersede any previous member information.

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 Member Information Change request.

HR Personnel Print Name

HR Personnel Signature

Date