enoFin™
Maintenance Form

TO: enoFin Care Team

CLIENT NAME:

USER NAME: **USER ID:**

USER EMAIL: **DATE OF APPLICATION:**

☐ **Change of User Email Address**

☐ **Unlock User ID Account**

☐ **Effective Date of Change[1]:**

Description	Current Details	New Details
Email Address		

User Signature

_____
Name of User Signatory

[1]If this field is left blank, the default effective date of change will be the date of receipt of this form by the enoFin Care Team.

	For Office Use Only	
☐	Verification of User's Signature	
☐	Update of User's Record	