CREDIT CARD
ADD AUTHORIZED SIGNER

Member Name _____

Wings ID _____

I hereby authorize _____ (Wings ID_____) to be added to my Visa/MC account # _____.

In doing so, I will be liable for all transactions Authorized Signer(s) incur on my account. I further acknowledge that Authorized Signer(s) have no entitlement to any information regarding the account.

_____ _____

Signature of Member **Date**

AUTHORIZED SIGNER INFORMATION

Name _____

Date of Birth _____

Social Security Number ***(required)*** _____

Street Address (no p.o. boxes) _____

City, State, and Zip _____

(Authorized Signer must be at least 14 years of age or older and a U.S. Citizen or Permanent Resident)

Notice: Important Information
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account (or has the ability to transact on an account).

What this means to you: We will ask the name, address, date of birth, and other information that will allow us to identify you and any other owner/signer. We may also ask to see a driver's license and other forms of identification.

_____ _____

Signature of person being added as Authorized Signer **Date**

Return completed form to: Wings Financial Credit Union
Attn: Payment Systems
14985 Glazier Avenue, Suite 100 Apple
Valley, MN 55124

CU Use Only: Received by Teller # _____ Date _____ ❑ Forward to Credit Cards