

Credit Card – Add Authorized Signer



Member Information

Member Name _____ Wings ID _____

Add Authorized Signer

I hereby authorize the following person to be added to my Visa® account:

Name _____ Wings ID _____

Visa Account Number _____

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

Name _____

Date of Birth _____ U.S. Tax Identification Number *(required)* _____ ☐ By checking this box I certify that I am a U.S. Citizen or Resident Alien.

Residence Address *(cannot be P.O. Box)* _____ City _____ State _____ ZIP Code _____

Mailing Address *(if different from above)* _____ City _____ State _____ ZIP Code _____

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 Credit Union
Attn: Payment Systems
14985 Glazier Ave.
Apple Valley, MN 55124

CU Use Only:

Received By Teller # _____ Date _____ ☐ Forward to Credit Cards