



VISA / MASTERCARD
ADD AUTHORIZED SIGNER

I \_\_\_\_\_ (Wings ID # \_\_\_\_\_) authorize
\_\_\_\_\_ (Wings ID # \_\_\_\_\_, if available)
to be added to my VISA/MC account # \_\_\_\_\_.

In doing so, I take sole financial responsibility for all transactions on this account. I
acknowledge that authorized signers have no entitlement to any information regarding the
account.

Signature of member

Date

AUTHORIZED SIGNER INFORMATION

Name \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_

If person is not US Citizen in lieu of the Social Security number we will need the Passport
Number and Country issued: \_\_\_\_\_

Street Address \_\_\_\_\_
(no PO Boxes)

City, State, and Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

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 or other identifying objects.

Signature of person being added as authorized signer

Date

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