

1 800 692-2274

www.wingsfinancial.com



NAME CHANGE

Wings ID#: _____

NAME CHANGE INFORMATION

Previous Name:

Previous Signature:

New Name:

New Signature:

Social Security Number:

Date:

I would like to order one of the following reflecting my name change:

A Visa® Check Card (Checking Account # _____)

A Visa® Credit Card (Visa® Credit Card # _____)

An ATM Card (Account # _____)

Copy of legal documentation is required to support name change.

Signature (Required): **X**

Date:

ID Verified Completed by #: _____

Date: _____