

Additional Account/Change Form



Completion of this form is required when an additional account is requested or when a Joint is being added to a personal (non-IRA) account. Simply bring this completed form to your local branch or mail it to us with a **copy of each signer's valid identification**.

Primary Member Information

Primary Member Name

U.S. Tax Identification Number

Wings ID

Intent of Application *(Joint Applicants will be included on all accounts opened with this application.)*

Open new account(s) Add Joint(s)

Open the Following Accounts

Opening Funds *(if applicable)*

Please list account number(s) below:

Deposit Enclosed:

Transfer from Account:

Savings # _____ \$ _____ # _____

Checking # _____ \$ _____ # _____

Certificate # _____ \$ _____ # _____

Term:

Rate:

Other # _____ \$ _____ # _____

Other # _____ \$ _____ # _____

Other # _____ \$ _____ # _____

Other # _____ \$ _____ # _____

Additional Products *(checking account required)*

Visa® Debit Card

Primary Joint #1 Joint #2

Order Checks *(Fees may apply)*

Number of boxes: _____

Joint Applicant #1 Information

Joint Applicant #1 Name

Wings ID

Date of Birth

U.S. Tax Identification Number

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

Phone Number

Landline
 Cell Phone

Email Address

Place of Birth *(City/State)*

Occupation/Previous Occupation

Retired Self-Employed Unemployed

ID Number

Issuing State/Country

ID Expiration Date

ID Type: Driver's License Passport State ID

Joint Applicant #2 Information

_____ Wings ID
 Joint Applicant #2 Name

 Date of Birth

 U.S. Tax Identification Number

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

Landline
 Cell Phone

 Phone Number

 Email Address

 Place of Birth (City/State)

 Occupation/Previous Occupation

Retired Self-Employed Unemployed

 ID Number

 Issuing State/Country

 ID Expiration Date

ID Type: Driver's License Passport State ID

Agreement & Signature

The person(s) listed on this application makes the application for an account in Wings Financial Credit Union and agrees to conform to its bylaws and any amendments thereto. The undersigned acknowledges receipt of, and agrees to, a full and complete list of rules, regulations and fees concerning the account (Account Agreement & Disclosure) and a fee schedule concerning the account. It is also agreed that the member/owner may, at any time, without consent of the joint(s), close the account, add a joint or beneficiary or remove the name of any or all beneficiaries. All of the undersigned certify, under penalty of perjury, that all information furnished on this application is true and correct. The Credit Union is required to, and will, verify the identity of all account applicants by obtaining a debit and/or credit report. I authorize Wings Financial Credit Union to obtain and use debit and/or credit reports in connection with this account application and for the purpose of considering me for additional financial products and services both now and in the future. Any monies may be deposited or withdrawn, subject to the bylaws and rules of the Credit Union, upon any one of the signatures below.

 Signature of Primary Member

 Date

 Signature of Joint Applicant #1

 Date

 Signature of Joint Applicant #2

 Date

CU Use Only:

 Opened By #

 Date