



Wings ID#:

**N A M E C H A N G E I N F O R M A T I O N**

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® Debit Card (Checking Account # \_\_\_\_\_)

A Visa® Credit Card (Visa® Credit Card # \_\_\_\_\_)

An ATM Card (Account # \_\_\_\_\_)

**Please complete this form and include the following:**

- **Copy of legal documentation to support the name change**
- **Proof that your name has been changed with the Social Security Administration**
- **Copy of your updated identification (i.e. Driver's License, State ID, Passport, etc)**

Signature (Required): **X**

Date:

As a reminder, go to [www.ssa.gov](http://www.ssa.gov) for information on updating your name with the Social Security Administration.

065W Wings Financial 09/19

ID Verified

Completed by #:

Date: