

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. Social Security Number	Wings ID
Home Phone	Cell Phone	Email Address

INTENT OF APPLICATION

Open new account(s) Add Joint(s)

Joint(s) will be added to all accounts listed on this application

OPEN OR CHANGE THE FOLLOWING ACCOUNTS

Please list account number(s) below

OPENING FUNDS (if applicable)

Deposit Enclosed

Transfer From Account

Share Savings # _____

\$ _____

Acct # _____

PLEASE ISSUE: An ATM Card Primary Jt #1 Jt #2

Checking # _____

\$ _____

Acct # _____

PLEASE ISSUE: A Visa® Debit Card Primary Jt #1 Jt #2

Order Checks (*fees may apply*) Number of Boxes _____

Certificate # _____

\$ _____

Acct # _____

Rate _____ Term _____

Other # _____

\$ _____

Acct # _____

JOINT APPLICANT #1 INFORMATION

Joint Applicant #1 Name	Wings ID	
Date of Birth	U.S. Social Security Number	By checking this box I certify I am a U.S. Citizen or Permanent Resident
Mailing Address (<i>residence address required if P.O. Box</i>)	City	State Zip
Residence Address (<i>required if different than mailing address</i>)	City	State Zip
Email Address	Home Phone	Business Phone Cell Phone
Place of Birth (<i>City/State</i>)	Mother's Maiden Name	
ID Type	ID Number	Issuing State/Country
Driver's License Passport State ID		

JOINT APPLICANT #2 INFORMATION

Joint Applicant #2 Name	Wings ID	
Date of Birth	U.S. Social Security Number	By checking this box I certify I am a U.S. Citizen or Permanent Resident
Mailing Address (<i>residence address required if P.O. Box</i>)	City	State Zip
Residence Address (<i>required if different than mailing address</i>)	City	State Zip
Email Address	Home Phone	Business Phone Cell Phone
Place of Birth (<i>City/State</i>)	Mother's Maiden Name	
ID Type	ID Number	Issuing State/Country
Driver's License Passport State ID		

(continued on next page)

AGREEMENT AND 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 joints or 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
X	
Signature of Joint Applicant #1	Date
X	
Signature of Joint Applicant #2	Date
X	

Opened by # _____ Date _____

(P)	Chexsystems	Experian	ID	(JT1)	Chexsystems	Experian	ID	(JT2)	Chexsystems	Experian	ID
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