BUSINESS ACCOUNT
AUTHORIZED SIGNER INFORMATION FORM

Wings FINANCIAL
CREDIT UNION

Provide a copy of the Authorized Signer's valid identification with this form.

☐ **New Business Account & Signer**
(Business Membership Application Required)

☐ **Add New Authorized Signer to Existing Business**
(Business Authorized Signer Change Form Required)

BUSINESS NAME: _____ BUSINESS WINGS ID: _____

AUTHORIZED SIGNER INFORMATION			
Authorized Signer Name		Authorized Signer Wings ID	
U.S. Tax Identification Number	Date of Birth	☐ By checking this box, I certify I am a U.S. Citizen or Resident Alien.	
Residence Address *(No P.O. Box)*	City	State	Zip
Mailing Address	City	State	Zip
Cell Phone	Home Phone	Business Phone	
Email Address			
ID Type ☐ Driver's License ☐ Passport ☐ State ID	ID Number	Issuing State/Country	

CONSENT TO CONTACT WIRELESS TELEPHONE

Members of Wings Financial have access to market competitive financial products and services. We'd like to contact you from time to time and ensure the products and services you utilize are tailored to your needs and expectations. Wings Financial is required to get consent to contact you at the wireless telephone number provided. By initialing below, you agree that we may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e., cell phone numbers), which may result in a charge to you. You agree that we may contact you in order to service your account, prevent fraud, collect any amounts owed to us, and for informational and telemarketing purposes as permitted by law. You further agree that methods of contact may include the use of prerecorded or artificial voice messages and/or the use of an automatic dialing system. You understand that you are not required to agree to this provision as a condition of purchasing any property, goods, or services. You agree that you have the authority to give consent regarding the wireless number provided.

Authorized Signer Consent: *Please Initial* _____

AGREEMENT & SIGNATURE

I 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 eligibility and 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.

Authorized Signer Signature	Title	Date
X		

CU USE

Teller #: _____ Date: _____ ☐ ChexSystems ☐ Experian ☐ ID