



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:

U.S. Tax Identification 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 for information on updating your name with the Social Security Administration.

065W Wings Financial 02/23

ID Verified

Completed by #:

Date: