

Community Alliance Credit Union
37401 Plymouth Rd., Livonia MI, 48150
Fax: 734.464.2391

Debit Card TRAVEL NOTIFICATION

(Please Print)

Member Name _____ Account Number _____

Visa Check (Debit) Card No. _____ (must be 16 digits)

E-mail Address _____

Primary Phone () _____ Home _____ Work _____ Cell _____

Secondary Phone () _____ Home _____ Work _____ Cell _____

Effective Travel Dates From: _____ To: _____

Destination Country _____ State (if in the USA) _____

Alternate Contact: (Optional) *If the cardholder cannot be reached, the Alternate Contact may be contacted and asked to assist in locating the cardholder. No information about the transaction(s) may be divulged to this person, nor may this person speak on behalf of the cardholder.*

First Name _____ Last Name _____

Primary Phone () _____ Secondary Phone () _____

MEMBER SIGNATURE: _____ DATE: _____

Credit Union Use Only:

CACU Employee Name _____ Date _____

Entered on Extranet: (name) _____ Date _____

Comment on Account: (name) _____ Date _____