



Your Partner in Lending, Your Partner in Life.

TRAVEL NOTIFICATION FORM FOR VISA DEBIT CARD

Name: _____ Account Number: _____

Card Number (last 5): _____

Identification: _____

Departure Date: _____

Date Returning: _____

Destination: _____

Member Contact Details: Must be phone on record for confirmation purposes.

- 1. Daytime phone number: _____
- 2. Email address: _____
- 3. Alternate contact: _____
- 4. Other: _____

Cardholder Signature

Date

Submit completed form to your nearest Branch, Fax to 432-689-0526, or mail to PO Box 7309, Midland, 79708

Visit our website: www.mtcu.org for important tips and phone numbers

Credit Union Use Only		
Form Accepted By:	Date:	
Travel Notification processed By:	Date:	
Method Received (check one): Fax: <input type="checkbox"/>	Phone: <input type="checkbox"/>	In Person: <input type="checkbox"/>