

Name: _____
 Account Number: _____
 Contact Number: _____
 Email: _____

This notification applies to my:
(Write the last 4 digits.)
 Debit Card _____
 Credit Card _____

Domestic Travel Details	
Date Leaving: _____	Date Returning: _____
<input type="checkbox"/> Flying	<input type="checkbox"/> Driving
<input type="checkbox"/> Cruise	<input type="checkbox"/> Other _____
List the states you will be visiting.	
_____	_____
_____	_____
_____	_____
_____	_____

International Travel Details	
Date Leaving: _____	Date Returning: _____
<input type="checkbox"/> Flying	<input type="checkbox"/> Driving
<input type="checkbox"/> Cruise	<input type="checkbox"/> Other _____
Country You Will Be Visiting	Dates Visiting
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I acknowledge that FiCare Federal Credit Union will be lifting restrictions for the areas I will be traveling. I understand that lifting these restrictions can affect the Fraud Department's ability to detect unusual or fraudulent activity for the areas I am visiting. I am responsible for carefully monitoring my account and protecting my card and Personal Identification Number (PIN) while traveling.

Signature: _____ Date: _____