

D.C. Teachers' Federal Credit Union

VISA DEBIT CARD

TRAVEL NOTIFICATION FORM

Request Received by: Telephone In Person Fax

Received By:

Date Received:

Member Name	Member Account Number	Member Visa Debit Card No.
Travel Destination (City/State or Country)	Dates of Travel	
	From Date:	To Date:
Cell Phone Number	Contact Phone Number on Travel	
Purpose of Travel		

X _____

Member Signature (Required if received in person)

Credit Union Use Only

Member Authentication:

Primary ID Verification	Type of ID:	ID Number:	Issue Date:	Exp. Date:
Telephone Authentication	Qualifier 1:		Qualifier 2:	

Compliance Review:

Approved By:

Processed in Co-Op By:

Remarks Placed on Member Acct

Date

Comments:
