



MEMBER TRAVEL NOTIFICATION

CARDHOLDER INFORMATION:

Card Number: _____ Account Number: _____
 Last Name: _____ First Name: _____
 Email: _____ Primary Phone: _____ Secondary Phone: _____
 Date Leaving: _____ Date Returning: _____
 Travel Location: _____ Blocked Country? Yes No

ALTERNATE CONTACT *This person can speak on behalf of the cardholder but information cannot be divulged to this person.*

Last Name: _____ First Name: _____
 Phone: _____

AUTHORIZED CONTACT *If the cardholder cannot be reached, the Authorized Contact may be contacted if the cardholder has agreed in advance to allow transaction details on his/her card to be discussed.*

Last Name: _____ First Name: _____
 Phone: _____ Relationship to Cardholder: _____

REASON FOR ALTERNATE/AUTHORIZED CONTACT

- Cardholder is a minor
- Cardholder travels within US but outside home state frequently
- Cardholder is stationed outside US or travels internationally frequently
- Cardholder is hearing impaired
- Cardholder has established Power of Attorney
- Other: _____

DEBIT CARD BLOCKING INSTRUCTIONS

Cardholders will be notified if transaction(s) origin and date are not consistent with travel plans

CREDIT CARD BLOCKING INSTRUCTIONS

- Place Blocks according to normal operating procedures
- Do Not Block, Any and all transactions will go through during the travel dates

BLOCKED COUNTRY AUTHORIZATION

- I authorize LCU to open my card up to any and all transactions. I understand and accept the risk and responsibility for unblocking my card. I also assume any financial liability resulting from fraudulent transactions that may occur while my card is unblocked.

Member Signature

Date

MSR Initials _____ Date _____