



Travel Notification Request Form – Check Card/Debit

Member Name: _____

Member Check Card /Debit Number: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Country(ies) of Destination (list all): _____

Departure Date: _____ Return Date: _____

Joint Applicant Name: _____

Cell Phone: _____ Home Phone: _____

Relationship: _____ E-mail: _____

Emergency Contact Name: _____

Cell Phone: _____ Home Phone: _____

Relationship: _____ E-mail: _____

I/We hereby that I am an authorized account holder of the account listed above. I authorize DC Credit Union to initiate the request of this form.

Primary Member Signature

Date

Joint Applicant Member Signature

Date

PLEASE FAX TO 202-673-3508 OR EMAIL TO INFO@DCCREDITUNION.COOP