



## 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: \_\_\_\_\_

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Joint Applicant Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Emergency Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

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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