



Visa/Debit Card Travel Notification

Member Account Number: _____

Cardholder Information:

Visa Card Number: _____ Debit Card Number: _____

Last Name: _____ First Name: _____

E-mail Address: _____

Phone Number: _____ Type: _____

Phone Number: _____ Type: _____

Travel Details:

Date From: _____ Date To: _____

Destination Country (if applicable): _____

State(s) (if in the US): _____

Travel Details (flying, driving, etc): _____

Members Signature (Not Required): _____
(Out of wallet verification is required for last minute notification by member. Obtain signature whenever possible on Travel Notification.)

SCCU Employee's Signature: _____ Date: _____

Visa Processed by: _____ Date: _____

Debit Card Processed by: _____ Date: _____

** All information is to be completed by member traveling, or employee if over phone. We can use this information to update accounts as necessary.*