## **Travel Notification**

Credit Union Name Contact Name			
Phone Number	Email	Signature	
This contact is authorized by the creation	dit union to give the fraud analyst written alternate bl	ock instructions for an individual case.	
Cardholder Information:			
Card Number			
Last Name	First Name	Email	
Primary Phone *	Type: Cell Home Se	econdary Phone *	Type: Cell Home
* Please include telephone country c	ode if outside North America.		
51 - International Travel Only 50 - Never Block, regardless *Required when choosing code 50	travel (Suspends fraud monitoring; transactions y - (Minimal validation outside of US. Maintains s of score or risk. *HIGH RISK - NOT recommer	all domestic fraud monitoring) aded for longer than 1 business day.*	(suspends monitoring of merchant/country block
Travel Dates:			
From (mm/dd/yy)	To (mm/dd/yy)		
Destination Country	City (if in the	US)	State (If in the US)
Travel Detail Notes			
*Travel dates must have a start & en *Destination/Travel Details should be	d and cannot be the same date e specific (i.e. exact state name; travel to Destin Flori	da & Bahamas)	
Return Completed forms	s to: info@jacksoncountyfcu.com; FAX	: 361-782-5533	

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