

# SAG-AFTRA Federal Credit Union

## Travel Notification Form

If you plan on travelling, internationally or domestically, and will be using your SAG-AFTRA Federal Credit Union debit card, please complete the following form to notify the credit union of your travel destination and dates. This information will be noted on your account and will alert us to transactions that will occur outside of your typical spending patterns.

Be sure your card will be available for use by checking the following:

- Notify the credit union of your travel plans by completing the form or calling 818-562-3400
- Test your card to confirm you have a valid PIN
- Check your balances - Some foreign banks do not allow ATM transactions from savings accounts

### Travel Information

Please enter your travel destination(s) along with your travel dates:

Country	State (if within US)	City	Date of Arrival	Date of Departure
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### Cardholder Information

Cardholder 1

First Name	MI	Last Name	Account Number	Last 4 Digits of Debit Card
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Cardholder 2 (if applicable)

First Name	MI	Last Name	Last 4 Digits of Debit Card
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

In case we need to contact you, please provide us with your emergency contact information while traveling (if available):

Mobile Phone	E-mail Address
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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Signature

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Date

**Please fax the completed form to (818) 260-9709 or by e-mail to [sa@sagaftrafcu.org](mailto:sa@sagaftrafcu.org)**  
 A member of our team will call you to verify the information upon receipt

Office Use Only:

USER: \_\_\_\_\_ DATE: \_\_\_\_\_ Member Verification: DL/ID SS MM TR KN

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