

# MEMBER TRAVEL NOTIFICATION



Return this form to any SESLOC branch, fax to: (805) 540-7779  
or mail to: SESLOC Federal Credit Union  
P.O. Box 5360, San Luis Obispo, CA 93403-5360  
Attn: Member Solutions Center

## TRAVELING MEMBER'S INFORMATION

Traveler Name 1: \_\_\_\_\_  
Traveler Name 2: \_\_\_\_\_  
Traveler Name 3: \_\_\_\_\_  
Traveler Name 4: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ \*Type: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_ \*Type: \_\_\_\_\_  
eMail Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
\* Type: Cell, Home, etc.

Account / Member Number \_\_\_\_\_  
**Traveling with card type:**  
 ATM Card (s) - Valid in U.S. only  
 VISA Check Card(s)  
 VISA Credit Card(s)

## TRAVEL DETAILS

**Travel Date(s):** From \_\_\_\_\_ To \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

**Destination(s):**

Foreign Travel: Include all foreign countries. For large countries, identify the local areas you will visit, such as *Beijing, China* or *Vancouver, Canada*. For U.S. travel, indicate the states you will visit.

**Without this specific information, standard blocking procedures will apply.**

Foreign Countries/Areas: \_\_\_\_\_

**Please Note:** ATM Cards are operational only in the U.S.A. Visa Check Card required for foreign countries.

U.S. State(s): \_\_\_\_\_

**Destination Phone Numbers:** \_\_\_\_\_  
Resort/Hotel (include international dialing number for the country)

**Travel Purpose:**  Short Term Visit (vacation, business, etc.)  
 Residency - circle one: permanent temporary

## MEMBER SIGNATURE (IF PRESENT)

Member / JTO Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR CREDIT UNION USE ONLY:

How was this notification accepted?  PHONE  MAIL/EMAIL  IN PERSON  
Verification:  MMN  PASSWORD  OTHER: \_\_\_\_\_  
Staff Initials/Op#: \_\_\_\_\_ Return this form to the Member Solutions Center

### MEMBER SOLUTIONS CENTER USE ONLY

Card Number(s): _____	SEQ# / NAME _____	VIP _____
Card Number(s): _____	SEQ# / NAME _____	VIP _____
Card Number(s): _____	SEQ# / NAME _____	VIP _____
Card Number(s): _____	SEQ# / NAME _____	VIP _____

FIS Memo: \_\_\_\_\_ Co-op (PER CARD): \_\_\_\_\_ FSP Diary Message: \_\_\_\_\_  
OP# & Initials \_\_\_\_\_ OP# & Initials \_\_\_\_\_ OP# & Initials \_\_\_\_\_

Comments: \_\_\_\_\_