

Travel Notification Form

One of Southwest FCU representatives will contact you as soon as we receive this form to verify your information. Please be available for our phone call.

The following fields are required to submit this form. Please be sure the following information is current.

Member Name: _____

Last two Digits of Member Number: _____

Cell Phone Number: _____ Email: _____

Are you taking a cruise? Yes ___ or No ___ State docking from _____

Are you traveling in a rental? Yes ___ or No ___ Traveling by Motorcycle? Yes ___ or No ___

Are you traveling by plane? Yes ___ or No ___ If yes, please state any layover states _____

Travel Departure Date: _____ Return Date: _____

Details about Travel:

Emergency Contact: _____ Phone Number: _____

Primary Card

**Name should be entered as it appears on the card.*

Last 4 Digits of Debit Card Number: _ _ _ _

Member Name: _____

Last 4 Digits of Credit Card Number: _ _ _ _

Member Name: _____

Joint Owner Card

**Name should be entered as it appears on the card.*

Last 4 Digits of Debit Card Number: _ _ _ _

Joint Owner Name: _____

Last 4 Digits of Credit Card Number: _ _ _ _

Joint Owner Name: _____

Do you have additional accounts with Southwest FCU? Yes ___ No ___

Please provide the last two digits of those accounts: _____