



# Travel Alert

**We require 24 hours to activate your instructions.**

Thank you for contacting us about your travel. Please complete and return this form to ensure that your check card can be used without interruption during your travel within the U.S or abroad. Please send via email to [mservices@actorsfcu.com](mailto:mservices@actorsfcu.com) or by fax to your local office.

**Chicago** 312.775.6230 • **Los Angeles** 323.938.9035 • **New York** 212.278.8655 • **NoHo** 818.853.7508

## CARDHOLDER INFORMATION

Account Number: \_\_\_\_\_

Cardholder 1: \_\_\_\_\_

Last 8 digits of Check Card #: XXXX-XXXX-\_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Account Number: \_\_\_\_\_

Cardholder 2: \_\_\_\_\_

Last 8 digits of Check Card #: XXXX-XXXX-\_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

## TRAVEL DETAILS

**Please include all destinations including any flight stops.**

	In US State / Out of US Country	From Date	To Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

## SIGNATURE(S)

Cardholder 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_