

NNMECU Card Travel Form

Our Card Services Fraud Monitoring Center monitors for potentially suspicious transactions or patterns on NNMECU cardholder accounts. This includes travel patterns. It is important that you notify us of your plans PRIOR to your travel.

All fields are required. Please print clearly. Fax completed form to 757-249-1202. ATTN: Katrina

Account Number: _____

Primary Cardholder's Name: _____

Email Address: _____

Contact Phone Number: _____

VISA Card # (Last 4 digits): _____

MC Debit Card # (Last 4 digits): _____

Travel Date FROM (mm/dd/yy): _____

Travel Date TO (mm/dd/yy): _____

Travel Destination(s) (list all): _____

Is the Joint Member Traveling? Yes _____ No _____

Comments: _____

Primary Member's Signature

Date