



360 North Wood Ave. • Linden, New Jersey 07036
Phone: 908-862-6966 • Fax: 908-523-6119

Travel Notification for Visa Debit & Credit Card

Cardholder Name (print): _____

Motion FCU Account Number: _____

Visa Debit Card Number (16 Digits): _____

Visa Credit Card Number (16 Digits): _____

If you will be traveling in multiple states or countries, please list all planned destinations below.

Travel Destination(s):

Start Date: _____ End Date: _____

Contact information while away:

Cell or Other Phone* _____

Email Address* _____

By signing below I am authorizing international usage on the above stated card(s) during the dates specified above and I certify that all of the information provided on this form is true, correct and complete.

Cardholder Signature: _____ Date: _____

----Credit Union Use Only----

Branch: _____ Accepted by: _____ Date: _____

Verified/Processed by: _____ Date: _____