

## TRAVEL NOTIFICATION FOR PLASTIC CARDS

Name:				
LAST 6 DIGITS of Credit Card (s):				
LAST 6 DIGITS of Debit Card (s):				
Phone Number:	Secondary Phone Number:			
Email:				
Alternate Contact Name:				
Phone Number:	Email:			
Travel Dates: From	То			
Destination:				
Destination.				
City:		State (If in U.S.):		
Country:		Phone Number:		
Travel Detail Notes:				
Member Signature:		Date:		

## PLEASE DO NOT RETURN THIS FORM BY EMAIL (IT IS NOT SECURE).

Visit www.gerberfcu.com and click 'Contact' in the upper right corner to attach to a secure message, fax to Member Service at (231) 924-6686 or mail to Gerber FCU, Member Service, PO Box 116, Fremont, MI 49412.

TO BE COMPLETED BY GERBER FCU			
Processed By:	Date:		
	☐ Co-Op Concierge		

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