



ACCOUNT # _____ LAST 6 #'S OF DEBIT CARD _____

CARDHOLDER(S) WHO ARE TRAVELING _____

CONTACT PHONE # WHILE TRAVELING _____

CONTACT E-MAIL WHILE TRAVELING _____

DATE(S) OF TRAVEL _____

PLACE(S) OF TRAVEL _____

Do you want to be contacted while traveling? _____ Yes _____ No

If the **Cardholder** cannot be reached, the **Alternate Contact** may be contacted and asked to assist Allegis in locating the cardholder. No information about the transaction or the case may be divulged to this person, nor may this person speak on behalf of the cardholder. This is only provided as an additional resource for facilitating contact with the cardholder. This information is not required.

ALTERNATE CONTACT(S) _____

ALTERNATE CONTACT PHONE # _____

ALTERNATE CONTACT E-MAIL _____

Cardholder can also provide an **authorized contact** to discuss card transactions with a Fraud Analyst when the cardholder has limited access to phone or email. The authorized contact could be, but does not need to be, a spouse, child, or power of attorney for the cardholder.

AUTHORIZED CONTACT(S) _____

AUTHORIZED CONTACT PHONE # _____

AUTHORIZED CONTACT E-MAIL _____

MEMBER SIGNATURE _____

DATE _____

CREDIT UNION EMPLOYEE _____

DATE _____

PROCESSOR SIGNATURE _____