**TRAVEL NOTIFICATION FORM**

\* Cardholder First Name

Middle Initial

\* Last Name

\* Member #

\* Daytime phone in case we have questions about your request

**The following items will help us validate your identity for your protection.**

\* Last four digits of Social Security Number

\* Last four digits of Driver's License #

\* Home Phone

E-mail Address

**Please provide your travel details.**

PSCU debit card you will be using while traveling (last 4 digits)

PSCU Visa credit card you will be using while traveling (last 4 digits)

\* Phone number where we can reach you while you are traveling:

Departure Date

Return Date

States/countries you will be visiting:

Questions or Comments