



TRAVEL NOTIFICATION

For the protection of our members, we monitor credit and debit card activity regularly and watch for unusual transactions. Transactions made outside of the state where you reside or in foreign countries can cause problems if we do not know you are traveling. Please complete the secure form below to let us know your travel plans so we can help prevent any inconveniences with your card(s) while you are away.

This secure form/request must be received at least 24 hours before your departure date to allow time for validation.

NOTE: Items beginning with \* are required.

YOUR INFORMATION (Please print)

\*Cardholder Name: \_\_\_\_\_

\*Member #: \_\_\_\_\_

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

HELP US VALIDATE YOUR IDENTITY

\* Last four digits of Social Security Number: \_\_\_\_\_

\* Last four digits of Driver's License #: \_\_\_\_\_

\* Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\* E-mail Address: \_\_\_\_\_

SCU Debit card you will be using while traveling (last 4 digits): \_\_\_\_\_ Apply to all joint SCU Debit cards:  Yes No

SCU Visa card you will be using while traveling (last 4 digits): \_\_\_\_\_ Apply to all joint SCU Credit cards:  Yes No

\*Departure Date: \_\_\_\_\_ \*Return Date: \_\_\_\_\_

\*State/Countries you will be visiting: \_\_\_\_\_

Questions or Comments: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Please fax completed form to 803-978-1037, Attn: Plastics Department.