



An educated choice

TRAVEL INFORMATION FORM

Please print all information.

3 business days notice is required for travel forms.

Account Number _____

Primary Member Name _____

Cell _____ Email _____

Joint Member Name _____

Cell _____ Email _____

I'll be using my TVTFCU: ___debit card ___credit card

DATES OF TRAVEL

From _____ To _____

_____ I am traveling **WITHIN** the United States.

List the state(s) you are traveling to and any you will be in on the way to your destination.

_____ I am traveling **OUTSIDE** of the United States.

List the country(ies) you are traveling to and any you will be in on the way to your destination.

IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: MSR@TVTFCU.ORG, BY FAX: 860-253-4785, OR BY MAIL.

Member Signature _____

Date _____

FOR CREDIT UNION USE ONLY:

CU Staff Name _____

Date _____

____ Visa ____ Debit Card

Rev.2/25

P 860-253-4780
P 800-749-8305
F 860-253-4785

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