

NOTIFICATION OF CARDHOLDER TRAVELING:

Credit Union Name: Education Plus Credit Union EPCU Account #: _____

Cardholder Name(s): _____

Cardholder Contact Number(s) (Preferably Cell): _____

Cardholder Email(s): _____

Primary Member Mother's Maiden Name: _____

Last 6 digits on Mastercard(s): _____

Last 6 digits of Visa card(s): _____

Travel Destination(s): _____

Travel Start Date: _____

Travel End Date: _____

Cardholder Signature(s): _____

Print Name(s): _____

**MEMBERS COMPLETE AND FAX TO EPCU AT: 734-242-0624
OR MAIL TO: EPCU, PO BOX 1928, MONROE, MI 48161**

_____ **COMPLETED BY CREDIT UNION** _____

For VISA, please choose one of the following Exclude RT/Case Options* (completed by Loan Dept):

_____ Y = Temporary cardholder travel exclusion for RT Decisioning only (not case creation).
Exclusion Start Date and Exclusion End Date are required for Action Code.

_____ Z = Temporary cardholder travel considerations for RT Decisioning.
Exclusion Start Date and Exclusion End Date are required for Action Code.

_____ = No Exclusion: Memo Only. This option will not add an exception to the Fraud Alert Management system; however, we will note the travel details on the memo screen.

* Please note that the credit union is solely responsible for any decision made to exclude a cardholder from case creation or real-time decisioning in the FIS Fraud Management System.

Loaded by _____ Date Loaded: _____