



ATM/DEBIT CARDHOLDERS

TRAVEL NOTICE

DATE: _____

MEMBER'S NAME: _____

MEMBER'S PHONE: _____

ACCOUNT #: _____

FULL CARD NUMBER: _____

EXPIRATION DATE: _____

TRAVEL LOCATION/S: _____

BEGIN DATE: _____

END DATE: _____

MEMBER SIGNATURE: _____

FAX TO 617-632-8204

OFFICE USE ONLY: RECEIVED BY _____ ENTERED IN CONNECT _____