

Form Instructions

MEMBER INFORMATION:

Enter your Name and Account Number.

CARD INFORMATION:

Enter the last eight digits of your debit card number in the boxes next to MC Card # 5XXX-XXXX-.

Enter the last eight digits of your credit card number in the boxes next to VISA# 4XXX-XXXX-.

JOINT/AUTHORIZED SIGNER INFORMATION:

If your joint owner who has a debit card or an authorized signer on your credit card will be traveling with you, enter their name in the Joint/Authorized Signer Name field.

Enter the last eight digits of your joint owner's debit card number in the boxes next to MC Card # 5XXX-XXXX-.

Enter the last eight digits of your authorized signer's credit card number in the boxes next to VISA# 4XXX-XXXX-.

My travel Information:

Enter the dates you will be traveling and the Destination(s). (Travel dates not to exceed 6 months.)

Enter any Contact Information where you can be reached while traveling.

Agreement and Signature:

Please read, sign and date in this section.

For Questions and/or Assistance:

Phone: (808) 983-5500 or 1-800-927-3397

E-mail: memberservices@uhfcu.com

Submit the signed, original form by mailing:

Mailing address: University of Hawai'i FCU
P.O. Box 22070
Honolulu HI 96823-2070

Or for delivery/drop-off to:

Branch addresses: McCully – 2019 S. King Street; Honolulu HI 96826
Manoa Campus – off of East-West Road
Campus Center – UH Campus Center
UH West Oahu – 91-1001 Farrington Hwy

DEBIT and/or CREDIT CARD TRAVEL NOTIFICATION FORM

(Do not accept more than 1 month prior to travel date)

Name: _____ Member # _____

MC Card #5XXX-XXXX - _____

VISA #4XXX-XXXX - _____

Joint/Authorized Signer Name: _____

MC Card #5XXX-XXXX - _____

VISA #4XXX-XXXX - _____

My travel information:

Dates: ____/____/____ through ____/____/____ (Not longer than a 6-month period)

Destination: _____

Contact Information While Away (Cell Phone, Email, etc.): _____

University of Hawai'i Federal Credit Union MasterCard "Pepa Kiko`o" Debit Card and VISA Credit Card Fraudulent Detection Services Agreement

This is an agreement between the University of Hawai'i Federal Credit Union (us/we) and you covering the MasterCard "Pepa Kiko`o Debit Card (card) and/or VISA Credit Card (card) delivered to you to access your checking/credit card account with us. You, and any joint accountholders/authorized signers, by applying for, signing and using or permitting others to use the card will be bound by this agreement.

You agree that by signing below the Credit Union will remove all fraudulent detection services it currently employs to reduce and prevent any unauthorized transactions that may occur on your account. Furthermore, you understand that the Credit Union or its third-party service provider will not contact you regarding any possible fraudulent transactions that may take place during the period(s) listed above. You understand that by signing below the risk of fraudulent transactions on your account may increase.

By signing below, you agree to all of the terms and conditions set forth in the Electronic Funds Transfer and/or VISA Credit Card Agreement & Disclosure provided to you at account opening.

Signature: _____ Date: _____

Accepted by Teller #: _____ Entered on system by: _____