



Travel Notification for Debit/Credit Card

Member name (first & last): _____

Member number: _____

Card number: _____

Best way to get a hold of member while traveling (phone, e-mail, etc.):

ALTERNATE CONTACT (if available):

NOTE: For high risk transactions, if the cardholder cannot be reached, the Alternate Contact may be contacted and asked to assist you in locating the cardholder. No information about the transaction or the case may be divulged to this person, nor may this person speak on behalf of the cardholder. This is only provided as an additional resource for facilitating contact with the cardholder.

Name (first & last): _____

Phone number: _____

AUTHORIZED CONTACT (if available):

Note: If the cardholder cannot be reached, the Authorized Contact may be contacted if the cardholder has agreed in advance to allow transactions details on his/her card to be discussed.

Name (first & last): _____

Relationship to cardholder: _____ Phone number: _____

Reason for Alternate Authorized Contact (CHECK ONE)

- Cardholder is outside of phone service
- Cardholder travels within the U.S. but out of state frequently
- Cardholder is hearing impaired
- Cardholder has established Power of Attorney
- Cardholder is a minor
- Cardholder travels internationally frequently

TRAVEL DETAILS:

Travel dates (mm/dd/yy – mm/dd/yy): _____ – _____

Destination(s): _____

Travel purpose: Residency or Other

*****If Debit/Credit card is lost during travels, please notify Mid Oregon within 24 hours*****

*****Please give the member Falcon's 24 hour support phone number in case they cannot contact Mid Oregon. 1-888-241-2440 *****

Member Signature: _____ Date: _____

Employee Name: _____

**PLEASE FORWARD TO ACCOUNTING
541-610-1865**