



Travel Notification for Debit/Credit Card

Member name (first & last): _____

Member number _____

Card number: _____

Phone number (MANDATORY) _____ Cell Home Message

email (optional) _____

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 is hearing impaired
- Cardholder is a minor
- Cardholder has established Power of Attorney

TRAVEL DETAILS:

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

Destination(s): (US States or Countries) _____

Travel purpose: Residency Other

****If Debit/Credit card is lost during travels, please notify Mid Oregon within 24 hours**
Staff**Please give the member Debit/Credit Card Assistance card to keep in their wallet****

Member Signature: _____ Date: _____

3 **unique** forms of ID used for Verification:

- 1) _____
- 2) _____
- 3) _____

Employee: _____ Date: _____
Name Number

PLEASE FORWARD TO OPERATIONS SUPPORT SPECIALIST