



An educated choice

TRAVEL INFORMATION FORM

Please print all information.

3 business days notice is required for travel forms.

Account Number* _____

Primary Member Name* _____

Cell* _____ Email* _____

Joint Member Name* _____

Cell* _____ Email* _____

DATES OF TRAVEL *

From _____ To _____

_____ I am traveling **WITHIN** the United States.

List the state(s) you are traveling to.

_____ I am traveling **OUTSIDE** of the United States.

List the country(ies) you are traveling to.

P 860-253-4780
P 800-749-8305
F 860-253-4785

182 South Road
Enfield, CT 06082

www.tvtfcu.org

Member Signature* _____

Date _____

FOR CREDIT UNION USE ONLY:

CU Staff Name _____

Date _____

____ Visa ____ Debit Card

*Required. Rev.6/24

