



Chesterfield Federal Credit Union
SOLUTIONS FOR ALL YOUR FINANCIAL NEEDS

Debit/ATM Foreign Country Access Request

Name: _____ Member Number: _____

Daytime Phone: _____

Current Address: _____

Card Number: _____

I am requesting that I be able to use my Chesterfield Federal Credit Union debit card or ATM card in the following foreign countries, during the dates listed below.

Country	Expected Travel Dates

Authorization

By signing below, I authorize the actions requested on this form.

Signature _____

Date _____

Credit Union Use Only	Initial Request Received By: _____	Completed By: _____
	Date: _____	Date: _____