



International Travel Card Authorization

Primary Cardholder Name:

Primary Member Account Number:

Debit Card #:

Credit Card #:

I hereby authorize Maui County Federal Credit Union to UNBLOCK my debit and / or credit card for the following International travel and / or for International internet purchases:

COUNTRY	DATES OF TRAVEL OR PURCHASE	TYPE OF TRANSACTION (ATM/POS/INTERNET-DEBIT ONLY)
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- _____
- _____
- _____
- _____
- _____
- _____
- _____

Cardholder

Date

For Credit Union Use Only:			
Processed By _____	Date _____	DEBIT ONLY: Enfact _____	Transblocker _____
			Verified By _____