



MEMBER VACATION SCHEDULE

Teller: _____ Date: _____

MEMBER NAME: _____

ACCOUNT NUMBER: _____

CONTACT NUMBER: _____

DESTINATION: _____

(Please be specific regarding your Travel Destination)

Starting Date: _____

Ending Date: _____

BANK INFORMATION

ATM or Debit Card _____

Card Number _____

VISA card Number _____

E-mail address _____

(Please print legibly)

Signature _____

***** This information does not guarantee that the card will not be blocked.
Please fax this form to any one of our branches.

Troy – (248) 619-0440, fax (248) 619-3230,
Hamtramck – (313) 365-1000, fax (313) 365-6321,
Dearborn Heights (313) 563-8200, fax (313) 563-8009