



## MEMBER VACATION SCHEDULE

Teller No.: \_\_\_\_\_

Date: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

DESTINATION(S) (Please be specific):

\_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

### BANK INFORMATION

Debit Card Number \_\_\_\_\_

VISA Credit Card Number \_\_\_\_\_

E-mail address \_\_\_\_\_  
(Please print legibly)

Signature \_\_\_\_\_

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

**Troy – Phone (248) 619-0440, Fax (248) 619-3230**  
**Hamtramck – Phone (313) 365-1000, Fax (313) 365-6321**