

**BAY CREDIT UNION
VISA DEBIT / CREDIT AUTHORIZATION FORM (LIFT RESTRICTIONS)**

DATE: ____/____/20____

Note: It is understood that the debit / credit card belongs to Bay Credit Union. Restrictions are applied to protect me and our financial institution.

I, _____ authorize Bay Credit Union to lift any restrictions currently on my
(PRINT NAME)
Bay Credit Union VISA credit/debit card (fill in 16 digit card) enabling me to make purchases on the Internet, over the phone or in locations other than the State of Florida.

Debit Card #

Credit Card #

Chargeback rights for all fraudulent transactions are not in effect for the time period of travel dates and countries that are listed on these records for the cards list above. (____)(Initial)

THIS AUTHORIZATION FOR IS IN EFFECT (check one):

___ A maximum of 90 days

___ Between the dates of ____/____/20____ and ____/____/20____

LOCATION OF TRAVEL – OTHER STATES OR COUNTRIES (if applicable):

By signing below you are acknowledging that your cards are not being monitored for suspicious transactions during the dates listed above:

Member Signature

Member Name (Print)

Bay Credit Union Member Account #

Bay Credit Union Member Phone Number (cell)

BCU Member Services Officer / Date