



VISA DEBIT CARD FRAUD SUPPRESSION REQUEST

Date of Request: _____

Name of Cardholder: _____ ASCU Account #: _____

Visa Card # To Be Suppressed: _____

Travel Itinerary (please list the U.S. cities or foreign countries that will be visited; if military, indicate so):

Start Date: _____

End Date: _____

***By signing below, the cardholder is aware of the associated risks that may occur with Fraud Suppression, including fraud that has been associated with using the indicated card in a foreign country. Cardholder **will still have dispute rights** in the instance of unauthorized charges (please refer to your account disclosure for terms and conditions). Cardholder is also aware that American Southwest Credit Union reserves the right to refuse Fraud Suppression on any card with the Credit Union's knowledge of increased fraud activity in any given country.

Cardholder Signature:
