



# Farmers National Bank

Member FDIC - Equal Housing Lender

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## Debit Card Travel Notification

First Name:		Last Name:	
<b>Contact Information</b>			
Phone Number:		Email Address:	
_____		_____	
Mailing Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
_____	_____	_____	_____
We will not update our records with this information. If this information needs updated, please submit an "address/contact change form".			
<b>Contact Preference</b>			
If we have questions about this form, how would you like us to contact you? (required)	<input type="radio"/> Telephone		
	<input type="radio"/> Regular Mail		
	<input type="radio"/> E-Mail		
<b>Debit Card Information</b>			
Debit/ATM Card Number:	_____		
<b>Type of Travel</b>			
Where will you be traveling:	<input type="checkbox"/> Within the continental United States		
	<input type="checkbox"/> Outside of the United States		
If traveling outside if the United States, please list the country (or countries) that will be visited:	_____		
<b>Terms</b>			
Dates of travel can not extend beyond a 90 day period of time with the exception of military personnel. Exceptions will be made for military personnel with a copy of the deployment order.			

**Dates of Travel**

Start Date:

End Date:

For military personnel,  
please upload a copy of  
deployment order for  
extended travel dates.

Please submit this information as an additional attachment.

**Additional Details**

Please list any additional  
details: