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### Foreign Currency Request

Member Name		
Street Name		
City/Town, State, ZIP code		
E-Mail Address		
Phone #		
Driver's License #		Expiration Date:
Date of Birth		
Social Security Number		
Member Number		
Date of Request		

- Share to Debit Upon Order Submission of Currency:
  - Savings
  - Checking
- Country that member will be traveling to:

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- Dates of Travel (**Required**)

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- Member wishes to spend the amount below in **U.S. dollars** to purchase the above referenced converted foreign currency. NOTE: The purchase will not be a \$ to \$ transaction.

\$

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- Member wishes to purchase the amount below in foreign currency. NOTE: The purchase will not be a \$ to \$ transaction

\$

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Member Signature

Date