|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Logix Federal Credit Union**  **P.O. Box 6759 ● Burbank, CA 91510**  **(800) 328-5328 ● www.logixbanking.com**  **Fax 818-565-2297** | | | | | | |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Out of Country Request** | | | | | | | | | |
| **Account Number:** |  | | | | | | | | |
| **Destination Country:** | **Circle One Mexico / Canada** | |  |  |  | **City:** | |  |  |
| **Member Information:** | | |  |  |  |  |  |  |  |
| **Name** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **Telephone** | |  | | | | | | | |
| **Requirement Checklist:** | |  |  |  |  |  |  |  |  |
| **Passport #** | | | |  | | | | | |
| **Copy of Insurance - (U.S.)** | | | |  | | | | | |
| **Copy of Insurance - (Country) Must indicate dates of insurance coverage and Logix as Lien Holder** | | |  | **Insurance valid through:** | | | | | |
| **Comprehensive Insurance Coverage** | | | | **(fire, theft, vandalism and collision) deductible not to exceed $1000** | | | | | |
| **Copy of Current Registration** | | | | **Expires:** | | | | | |
| **Drivers License Number** | | | | **Issue Date: Expiration Date:** | | | | | |
| **Employment Information:** | | |  |  |  |  |  |  |  |
| **Employer** | |  | | | | | | | |
| **Position** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **Telephone** | |  | | | | | | | |
| **Reference Information:** | | |  |  |  |  |  |  |  |
|  | | **Local Reference** | | | | | | | |
| **Name** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **Telephone** | |  | | | | | | | |
| **Relationship** | |  | | | | | | | |
|  | | **Destination Reference (If known)** | | | | | | | |
| **Name** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **Telephone** | |  | | | | | | | |
| **Relationship** | |  | | | | | | | |
| **Date(s) of out of country** | |  | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |

**I certify under penalty of perjury all the above information is true and correct.**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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