Self-Help
Federal Credit Union

APPLICATION FOR FOREIGN TRAVEL AUTHORIZATION FORM

Member Name: _____ Date: _____

Loan Account Number: _____ VIN #: _____

Date of Departure from US: _____ Date of Return to US: _____

Current Residence Address: _____

Current Home Phone Number: _____ E-mail: _____

Current Employer: _____

Employer Address: _____

Employer Phone Number: _____

Address where vehicle will be located in Foreign Country? _____

_____

Phone Number where I can be reached in Foreign Country? _____

_____

By completing this application, I request Self-Help Federal Credit Union to provide me with a Foreign Travel Authorization Letter, based on the above information. By signing below, I certify that all of the information given with this application is true and complete.

I understand the following:

- Approval is not automatic and that the requested letter may not be provided for a period of 5 business days, upon receipt of all required documentation.
- I must have a satisfactory 12-month auto loan payment history with Self-Help Federal Credit Union to qualify for this authorization.
- The travel time may not exceed 60 days.
- If my request is approved, I am subject to a $25.00 fee, as disclosed in the Self-Help Federal Credit Union Fee Disclosure.
- All payments due during the travel dates must be paid, prior to approval.
- The Foreign Travel Authorization Letter must be retained in the vehicle at all times while in a foreign country.
- Removal of the vehicle without written authorization to a foreign country may result in the Credit Union taking legal action and invoking their right to repossess the vehicle.

Member Signature: _____ Date: _____

Member Signature: _____ Date: _____

REQUIREMENTS FOR FORIGN TRAVEL AUHORIZATION

☐ Make all loan payments so that the due date of the loan is due after your schedule return from your foreign travel.

☐ Copy of current DMV Registration.

Must expire after scheduled date of return from foreign country

Lien holder must be Self-Help Federal Credit Union or one of its Divisions.

Lien holder address must be a valid Self-Help Federal Credit Union address

☐ Copy of driver's license of anyone who will be driving the vehicle

Must expire after scheduled date of return from foreign country

All drivers must be on the loan

☐ Copy of Policy Declaration for Foreign insurance (Binder insurance is not acceptable. Form must state policy and not Application for Insurance.)

Must begin on/before 12:01 AM on the scheduled date of departure from the U.S.

Must expire on/after 11:59 PM on the scheduled date of return from foreign country

Lien holder must be Self-Help Federal Credit Union

Coverage must include comprehensive and collision insurance

Amount of insurance must be sufficient to cover outstanding loan balance

Deductible must be $500 or less

Names of insured must match information on loan account