

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:		
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:		
	equest KeyPoint Credit Union to provide me with a Foreign Travel Authorization ation. By signing below, I certify that all of the information given with this	on
I understand the following:		
upon receipt of all required deI must have a satisfactory 12	-month auto loan payment history with KeyPoint Credit Union to qualify d vehicles are not eligible for this request.)	ys,
 If my request is approved, I a Disclosure. 	am subject to a \$25.00 fee, as disclosed in the KeyPoint Credit Union Fee	
 All payments due during my t The Foreign Travel Authorizat Removal of the vehicle without 	ravel dates must be paid, prior to approval. ion Letter must be retained in the vehicle at all times while in a foreign coun it written authorization to a foreign country may result in the Credit Union ng their right to repossess the vehicle.	try.
Member Signature:		

Member Signature:



REQUIREMENTS FOR FOREIGN TRAVEL AUTHORIZATION

\square 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 payroll stub for all signers on the loan.	
Copy of the current DMV Registration.	
Must expire after scheduled date of return from foreign country	
Lien holder must be AEACU or KeyPoint Credit Union	
Lien holder address must be a valid KeyPoint 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	
\Box Copy of Policy Declaration for primary U.S. 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 AEACU or KeyPoint 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 in OSI	
\Box 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 AEACU or KeyPoint 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 in OSI	
\square Copy of current home loan statement showing account is paid current, if applicable to meet approval requirements.	
FAX all documents to (408)731-4095	