



ATM Transaction Dispute Form

PLEASE PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Transaction Information

Cardholder Number (Client #): _____ Account Type: _____

Transaction Amount: _____ Transaction Type: _____

Date of Transaction: _____ Time: _____ AM PM Proprietary or Network ATM: _____

Please describe the error and/or any information you have in your own handwriting. (If you need more space, please attach a separate sheet.)

Please answer the following questions.

YES

NO

1. Was your card lost? _____

2. Was your card stolen? _____

3. Was your PIN with your card? _____

4. Was your PIN written down anywhere? _____

If yes, where was it written down? _____

5. Have you ever allowed anyone else to use your card? _____

If yes, who? _____

6. If your claim involves a missing deposit or payment, please identify the items:

_____ CHECKS _____ CASH

7. If you answered YES to questions #1 or #2, when did you first realize your card was missing?

Date: _____ Time: _____

Location: _____

8. Did you notify the police? _____ YES _____ NO

If YES, enter Department name: _____

Police report number: _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

FOR ACCOUNTING DEPARTMENT USE ONLY (TO BE COMPLETED BY ATM DESK)

Employee Accepting Claim _____ Branch _____

Date _____ Disposition of Claim _____

ATM Card Blocked _____ Date _____ Time _____

Reason Code _____ Claim Number _____

Date Received _____ Date Resolved _____

Member Name:

Member Number: