NOTIFICATION OF DISPUTED ATM WITHDRAWAL/ DEPOSIT TRANSACTION

ACCOUNT/TRANSACTION INFORMATION

(If more than one transaction is in dispute, please complete a separate form for each item.)

First Name	Last Name		Account Number
Phone Number	Card Number	Card Number	
ATM Location Name		ATM Location (City or Address)	
Transaction Date	Amount \$		Approximate time
STATEMENT Lam disputing this transaction for	the following reason (nlease choose one t	nat best fits the details of your dispute):
ATM Withdrawal:	the rollowing redoor (piedoe ciriodoe orie ci	lac best fits the details of goal dispate).
ATM Deposit:			
☐ ATM did not post the deposit transaction of \$ If check, please provide payee name			
			Should be \$
			posted as \$
If additional room is required to describ	e uour dispute. please use	e a separate sheet of na	aper and attach to this form once completed.
Attach copies of all related documents			, por 10.00 compressed
SIGNATURE			
I certify, under penalty of perjury, I	that the foregoing is tru	ue and correct.	
MEMBER'S SIGNATURE			DATE

