



ATM TRANSACTION DISPUTE FORM

Use this form to dispute an ATM transaction that appears on your account statement if you use your Personal Identification number (PIN) to complete the transaction. Attach documentation (such as a photocopy of your receipt or letters you have written to the merchant) to this form.

Please note: If you signed a receipt to complete the transaction, please call 877.715.2299.

Member Information

| | | |
|--------------------------------------|-------|-----|
| Member Name | | |
| Address | | |
| City | State | Zip |
| Congressional Federal Account Number | | |
| Work Phone Number | | |
| Home Phone Number | | |

Transaction Information

| |
|---|
| Visa Check Card Number |
| Street Location of Machine |
| ATM Owner |
| Date of Transaction |
| Amount of Transaction |
| Time of Transaction |
| From which account were the funds withdrawn? (Select one) |
| () Savings Account () Classic Checking Account () Capitol Checking Account |
| Why are you disputing this transaction? |
| |
| |

Signature _____ Date: _____