



ATM Transaction Dispute

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. Attached documentation (such as a copy 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:

Mailing Address:

City:

State:

Zip:

Phone (Home):

Phone (Work):

Credit Union Account 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From which account were the funds withdrawn?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?

Member Signature:

Date: