

Notification of Disputed ATM Transaction

Account Information

Name: _____

Card Number: _____

Card Type: ATM Debit

Member Number: _____

Transaction Information

Transaction Date	ATM Location	Dollar Amount
1. ____/____/____	_____	_____

UCU ATM Yes No

If No, please describe location of ATM above including the financial institution name.

Dispute Reason

Please select **ONE** item below that best describes the details of the ATM dispute.

ATM WITHDRAWAL DISPUTE

The incorrect amount was dispensed from an ATM. No funds received Portion of funds received - Total received: _____

Did funds jam in the ATM? Yes No

Were funds not retrieved in a timely manner and re-tracked by ATM? Yes No

MULTIPLE PROCESSING

I requested and received : _____ but multiple transactions posted to my account totalling _____.

CHECK DEPOSIT DISCREPANCY

Deposit request made to Checking Savings in the amount of _____ but account was only credited _____.

Did check(s) jam in the ATM? Yes No

If Yes, please provide the breakdown of the items: _____.

CASH DEPOSIT DISCREPANCY

Deposit request made to Checking Savings in the amount of _____ but account was only credited _____.

CASH & CHECK DEPOSIT DISCREPANCY

Deposit request made to Checking Savings consisting of both cash and checks in the amount of _____ but account was only credited _____. Breakdown of items: Cash amount: _____ Check amount _____.

CANCELLED DEPOSIT

Cancelled ATM deposit in the amount of _____ and only a partial reversal was received in the amount of _____.

Breakdown of items: Cash amount: _____ Check amount _____.

For Credit Union Use Only

Associate Name	Teller	Date ____/____/____	CS Associate Teller _____ Date ____/____/____
Provisional Credit Date ____/____/____	CO-OP Adjustment Date ____/____/____	Credit Remains? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resolution Date/Letter Mailed ____/____/____