



## ATM DISPUTE

This form is used for ATM cards and Visa Check (debit) cards that were used at a foreign ATM (not Hughes) and received an error with either the machine or the posting of the transaction. Please attach receipt if available.

Name _____		Member # _____	
Address _____		City _____	State _____ Zip _____
Home _____	Cell _____	Email _____	
Card Number _____		Date _____	

Date ATM was used \_\_\_\_\_ Amount of Transaction \_\_\_\_\_ Name of FI \_\_\_\_\_

Location/Address of ATM \_\_\_\_\_

ATM did not dispense cash

**Please Explain:** \_\_\_\_\_  
\_\_\_\_\_

ATM dispensed \_\_\_\_\_, but my account was charged \_\_\_\_\_

**Please Explain:** \_\_\_\_\_  
\_\_\_\_\_

I was charged twice for the same ATM withdrawal

**Please Explain:** \_\_\_\_\_  
\_\_\_\_\_

I made a deposit, but did not receive credit for it

**Please Explain:** \_\_\_\_\_  
\_\_\_\_\_

Other

**Please Explain:** \_\_\_\_\_  
\_\_\_\_\_

**Signature of cardholder:** *(Notary required only if not signed in the presence of Credit Union Employee)*

**X** \_\_\_\_\_  
Cardholder Signature DATE

STATE OF \_\_\_\_\_ } ss.  
COUNTY OF \_\_\_\_\_

THIS INSTRUMENT ACKNOWLEDGED BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

Notary Public: \_\_\_\_\_