



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: _____

My Commission Expires: _____

Employee Name Operator Number