



ATM withdrawal dispute form

Section 1

Debit / ATM Card Number	Cardholder Address
Member Number	
Cardholder Name	Disputed Amount
Cardholder Phone Numbers	Posting Date
Merchant Name	Transaction Date
Merchant Location	
Cardholder Signature	

Section 2

Reasons - Please select one (Receipt must be attached for all ATM disputes)

- I acknowledge participation in the ATM transaction, but I did not receive any funds.
- I acknowledge participation in the ATM transaction, but received only a portion of my funds.

I requested \$ _____; I received \$ _____
- I acknowledge participation in that ATM transaction, but it was twice.
- I did not authorize the above transaction, however the card was in possession
At the time of the transaction, the card was **LOST**. Date the card was lost: _____ Date the card was reported lost: _____
- At the time of the transaction, the card was **STOLEN**. Date the card was stolen: _____ Date the card was reported stolen: _____

****ATM disputes can not be processed until FIVE business days from posting date.**