

ATM/DEBIT TRANSACTION DISPUTE / LOST FORM

MEMBER NAME: _____ **DATE:** _____

ACCOUNT NO: _____ **C.U.REP:** _____

ATM CARD NO.: _____ **GIVEN/FAX TO PMT SRVS:** _____

I am requesting that an investigation be conducted regarding a transaction on my account based on the information provided below. I understand that provisional credit WILL NOT be given until 10 days after the C.U. is notified by me. Further, I understand that for dispute claims, cards ARE NOT usually reissued and request MUST be approved by Management.

LOST/STOLEN CARDS – Complete all

1. _____ Card was (circle one) LOST / STOLEN on the date of: _____ Last known location of ATM/DEBIT CARD WAS (city, state, zip): _____

2. Choose one:

_____ PIN WAS _____ PIN WAS NOT with ATM/DEBIT Card

3. Choose one (Police Report Required):

_____ Member DID _____ DID NOT file a Police report regarding stolen ATM/DEBIT Card

ATM TRANSACTION DISPUTE/INVESTIGATION - Complete all applicable

1. ___ I received \$ _____, which is less than the \$ _____ requested & charged to my acct.

2. ___ I did not receive the cash requested and charge to my account.

3. Last Transaction Member Acknowledges:

DATE: _____ **TIME:** _____ **AMOUNT:** \$ _____

LOCATION: _____

4. ATM/DEBIT Transactions Member That are Disputes:

1st DATE: _____ **AMOUNT:** \$ _____

LOCATION: _____

2nd DATE: _____ **AMOUNT:** \$ _____

LOCATION: _____

3rd DATE: _____ **AMOUNT:** \$ _____

LOCAION: _____

OTHER /SUPPORTING INFO: _____

MEMBER SIGNATURE: _____

* * * * * **MEMBER / PAYMENT SERVICE DEPT** * * * * *

ATM CARD NO. Verified: () Y () N **Hot Card Date:** _____ **By:** _____

Replacement Card Apply (circle one)? Y / N **New Card Ordered:** _____ **By:** _____

Provisional CR Provided: \$ _____ **DATE:** _____ **GL No:** _____ **By:** _____

CUMIS Insurance Bond Claim Filed Date: _____ **GL No:** _____ **By:** _____