



AUTOMATED TELLER MACHINE DISPUTE

Member Name _____ Member # _____

Daytime Phone _____ Evening Phone _____

Date of Transaction ____ / ____ / ____ Time of Transaction ____ : ____

Location of Transaction (*Tracer #*) _____

Dollar Amount \$ _____

Reason for Disputing this Transaction (*briefly describe*) _____

Please attach a copy of any document regarding your dispute to this form. Research on this dispute will begin upon receipt of this completed report. All credits are provisional.

This report is true to the best of my knowledge.

Member Signature _____ Date ____ / ____ / ____

FOR CREDIT UNION USE ONLY

Staff Signature _____ Date ____ / ____ / ____