

ATM/DEBIT TRANSACTION DISPUTE / LOST FORM

05/06

MEMBER NAME: _____ DATE: _____
ACCOUNT NO. : _____ C.U. REP: _____
ATM CARD NO. : _____ GIVEN/FAXED 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 requests 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 DISPUTES/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 charged to my account.
3. Last Transaction Member Acknowledges:
DATE: _____ TIME: _____ AMOUNT: \$ _____
LOCATION: _____
4. ATM/DEBIT Transactions That Are Disputes:
1st DATE: _____ AMOUNT: \$ _____
LOCATION: _____
2nd DATE: _____ AMOUNT: \$ _____
LOCATION: _____
3rd DATE: _____ AMOUNT: \$ _____
LOCATION: _____

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: _____

10 days