

ATM/ITM Dispute

Member Name: _____ Account Number: _____

Debit Card Number (For **ATM** dispute **ONLY**): _____

Session Number (For **ITM** dispute **ONLY**): _____

Transaction Date: _____ Transaction Time: _____ AM/PM (circle one)

Statement: (Please provide details regarding your dispute.)

I understand that knowingly making a false sworn statement is subject to federal and or state statutes and may be punishable by fines and/or by imprisonment.

Member Initials (Required): _____

DEPOSIT DISPUTE	<input type="checkbox"/> ATM	<input type="checkbox"/> ITM
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Check (Please list the amount of each check)

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Cash (Please specify the denominations)

\$100 x _____ \$50 x _____ \$20 x _____ \$10 x _____ \$5 x _____ \$1 x _____

What was the total amount inserted into the depository? \$ _____

How much was returned from the ATM/ITM? \$ _____

How much of your deposit posted to your account? \$ _____

How much is missing from your total deposit? \$ _____

WITHDRAW DISPUTE	<input type="checkbox"/> ATM	<input type="checkbox"/> ITM
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Requested Amount	Dispensed Amount	Fee Assessed (if applicable)

For Credit Union Use Only

Submitted by:	Date:
ATM Terminal ID or ITM #:	ATM Address:
Branch name:	