Notification of Disputed Transaction (ATM/ShareDraft/TelephoneTransfers)

Member Name:	Member Number:	Share ID:	
Transaction Date:	Amount you are disputing:		
	ATM Deposits, please <u>only</u> complete Sectic se <u>only</u> complete Section B . To dispute a to		
Section A			
ATM and Pin Based POS Transac	tions only: (Please attach a copy of your rece	eipt if available)	
Full Card Number:	Name of ATM/Mercha	int:	
ATM Terminal Address:			
Location of ATM (Drive-up, Lobby	, Exterior, etc.):		
Type of Error: No cash receiv	ed Partial amount dispensed []	Deposit Processing Error	
If partial amount was dispensed,	how much was received?		
Single Transaction Multip	le Transactions (Please Provide details on n	ext page)	
Additional Information (Terminal	ID#, Check/Cash Deposit Details, Deno	minations Dispensed, etc.)	
Section B			
	Draft Transactions only: (Please include co	ppy of check with dispute)	
Check Number:			
Type of Error (select only one): Encoding Error Unrecognized Check Number Cleared Twice			
For encoding errors, what dollar amount was the check written for?			
If the check cleared twice, what v	was the original date the check cleared?	?	
Additional Information			
Section C			
Briefly describe the telephone in	litiated transfer you are disputing:		
Member Signature:		Date:	

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Additional Disputed Transactions

Transaction Date	Merchant Name	Transaction Amount
		
		
		

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