

Cardholder Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Debit Card Number: \_\_\_\_\_ Transaction Date: \_\_\_\_\_

Transaction Time: \_\_\_\_\_ AM/PM (please circle one)

Statement (Please provide any additional 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.**

Cardholder Signature (required): \_\_\_\_\_

**DEPOSIT DISPUTE**

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? \$ \_\_\_\_\_

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

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

**WITHDRAW DISPUTE**

Requested Amount	Dispensed Amount	Fee Assessed (if applicable)

For Credit Union Use Only

Submitted by:	Date:
ATM Terminal ID:	ATM Address: