**ATM Dispute Form**

Member Name:

Member Number:

ATM/Debit Card Number:

Date of Transaction/Error:

Location of Transaction/Error:

Dollar Amount:

Detailed Error Information (describe transaction issue, machine issues, etc.):

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dispute Received by:       Date:

Please attach receipt if available.

ES Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_