



ATM TRANSACTION RESEARCH REQUEST

Name: _____ Last Five (5) Digits on Debit Card: _____

Member Number: _____ Today's Date: _____
(Must be filed within 60 days of transaction)

Address: _____ Verified by Staff _____ (Y/N)

_____ Contact Phone #: _____

ATM Location Where Transaction Occurred: _____

TRANSACTION INFORMATION:

Date _____ Amount Requested \$ _____ Checking or Savings _____

CHOOSE FROM THE FOLLOWING:

- No money dispensed but transaction posted to account. This transaction did not automatically reverse.
- Partial withdrawal disbursed. Amount received \$ _____
- Transaction posted twice.
- This transaction is not authorized by me. ****If this choice is selected then please answer the following questions:***

Has your Debit Card ever been out of your possession? _____ (Y/N)
If yes, briefly describe details: _____

Has your Debit Card or PIN number ever been misplaced, lost or stolen? _____ (Y/N)
If yes, was the police notified? _____ (Y/N) If yes, Where? _____ Date _____

Have you ever allowed someone else to perform at ATM transaction for you? _____ (Y/N)
If yes, list name, amount and date of transaction: _____

GIVE A BRIEF DESCRIPTION OF THE DISPUTED TRANSACTION: (If necessary, attach a separate sheet of paper:

Member's Signature: _____ Date: _____

CU Staff: _____ Date: _____

Notification received: _____ Mail _____ Email _____ In Person