Member ATM Dispute Form

University of Toledo Federal Credit Union
www.uoftfcu.com

This form is used for a transaction done at an ATM machine, the funds were deducted from your account and never dispensed or partially dispensed.

Branch: _____ Date: _____ Phone: (___) _____ Taken By: _____

ATM/Debit Card #: _____
Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Home Phone: (___) _____
Employer: _____ Work Phone: (___) _____

Transaction(s) In Question:

Account #	Amount of Withdrawal	Amount Dispensed	Date	Transaction/Merchant Name
(EX) 123456	200.00	180.00	9/9/2099	ABC ATM in Toledo, OH

Member Authorization:
I _____ have supplied the above information, which is current and factual to the best of my knowledge, and hereby authorize University of Toledo Federal Credit Union to use the above information plus any other related information to investigate my claim(s).

Date: _____ Member Signature: _____

OFFICE USE ONLY:

Given to Member: Y or N	Chargeback Entered: Y or N	Chargeback Resolved: Y or N
Date:	Date:	Date:
By:	By:	By:
Notes:	Case#:	Notes: