

ATM DISPUTE FORM (CASH OR CHECK)

Account Information:			
Name: Card Number:			
Attempted a with	drawal, but did not rece	ive the requested funds	
Attempted a with	drawal for \$	and only received \$	
I deposited \$		and received credit for \$	
l deposited \$		and the funds were not credited to my account	
Transaction Information:			
Transaction Date:		Transaction Amount: \$	
Time of Transaction:		Dispute Amount: \$	
Account:	<u>Funds:</u>		
Checking	Cash		
Savings	Check		
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 Arcadi Covina Glenda Non-Foothill Credit Un Receipt Attache 	which ATM: a: ATM near the branc a: Member facing brancl bra: Walk up ATM or Dr ion Atm ed	th entrance or ATM near the street h entrance; ATM to the right or ATM to the left rive-up ATM	
Member Signature <u>:</u> Internal Use Only:			
Terminal Location:		Branch:	
Terminal Number:		Teller Number:	