

ATM and POS Dispute

Member Name: _____ Member #: _____

Card Number: _____

(The individual listed on this plastic card must be the one to complete this form)

On ___/___/___ (Date), I processed an **ATM withdrawal** or a **POS/Merchant charge** (check one below, completing the information requested. For an ATM deposit dispute, please see the next section):

1. **ATM withdrawal** at _____ (time) in the amount of \$_____. The amount of cash I received from this ATM was \$_____. This transaction cleared my account on ___/___/___ (Date), in the amount of \$_____. The Error or Message displayed on the ATM screen stated _____ . This ATM machine is owned by _____ located in _____ (City/State).

2. **POS/Merchant charge** at _____ (time) in the amount of \$_____. This amount included cash back in the amount of \$_____. The transaction cleared my account ___/___/___ (Date), in the amount of \$_____. The Merchant name is _____ located in _____ (City/State).

On ___/___/___ (Date), I processed an **ATM deposit** (complete information requested):

1. **ATM deposit** at _____ (time) in the amount of \$_____. This transaction cleared my account on ___/___/___ (Date), in the amount of \$_____. This ATM machine is owned by _____ located in _____ (City/State).

Briefly describe what happened when the above transaction was processed (attach any receipts, correspondence or supporting documentation):

Note: Please be certain that you are completing the correct form. An inaccurate form will delay or possibly cause Hanscom Federal Credit Union to dispute for the wrong reason and lose the case, ultimately causing a loss to you.

I would like to file a dispute in the amount of \$_____.

➤➤ Please provide a daytime telephone number you can be reached at: _____ <<

Please credit my account for the above discrepancy.

➤➤ Signature: _____ Date: _____ <<