

ATM CLAIM FORM

(Funds not received from ATM machine but charged to Member's Account)

Member #: _____ Account #: _____ Checking _____ Savings _____

Member Name: _____ Today's Date: _____

Daytime Phone#: _____

Card # Used ____ ____ ____ ____ XXXX XXXX ____ ____ ____ ____

Date ATM Transaction Occurred: _____

Time of Transaction: _____

Foreign ATM Location: _____

Or

Neighbors ATM Location: _____

Transaction ID / Receipt #: _____

Amount Requested (as shown on history): _____

Amount Received: _____

MSR/Teller Name: _____ Teller #: _____

Member Signature (If present – Otherwise write “phone request”)

****Please inform the member we have 10 business days to respond to an ATM claim****

Note: If fraudulent, member must complete Debit and ATM/POS Card Fraud Packet

(ATM_WD_CLAIM_FORM/06-14)