



ATM ERROR RESOLUTION

Name:

Account #:

Name of Cardholder:

Individual completing form (if different than the primary member):

Address:

Phone: (H)

(W)

(C)

Card # Used:

Transaction Date:

Time:

Sequence #:

Terminal/Transaction Location:

Amount Requested:

Amount Received:

Amount Posted:

Was the transaction fraudulent? Yes No

Is the card still in your possession? Yes No

Clearly describe the transaction in question, providing as much detail as possible:

We will determine whether an error occurred within 10* business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45** days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

If we decide that there was no error, we will send you a written explanation within three business days after we finish our investigation. You may ask for copies of the documents that were used in our investigation.

*If you give notice of an error that occurred within 30 days after you made the first deposit to your account, we will have 20 business days instead of 10 business days to investigate.

**If you give notice of an error that occurred within 30 days after you made the first deposit to your account, notice of an error involving a point-of-sale transaction, or notice of an error involving a transaction initiated outside of the U.S., its possessions and territories, we will have 90 days instead of 45 days to investigate.

By signing this form, I give my consent to the credit union to release any information regarding my card and /or card account to any local, state and /or federal law enforcement agency so that the information can, if necessary, be used in the investigation and /or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

Signature

Date

Staff User#

Form sent to member for signature

Please note: For inquires about your pin-based transactions, statements or receipts, please contact the credit union. Inquiries must be no later than 60 days after receiving the first statement on which the error appeared.

If you have contacted us verbally, we require that you sign and return your complaint or question in writing within 10 business days. Provisional credit cannot be given prior to receipt of this document.

Please forward documentation to the attention of the ATM Department or fax to 989-832-4883.