



ATM ERROR REPORT

DATE: _____

NAME: _____

ADDRESS: _____

DEBIT CARD #: _____

THE FOLLOWING INFORMATION IS AVAILABLE ON THE RECEIPT

DATE OF TRANSACTION: _____

AMOUNT OF TRANSACTION: _____

LOCATION OF ATM: _____

ATM MACHINE #: _____

TIME OF TRANSACTION: _____

TRANSACTION #: _____

COMMENTS

(ADDITIONAL INFORMATION): _____

I understand that the credit union will investigate the alleged error and make the appropriate disposition of this matter within ten (10) business days from the date of this report or will provisionally re-credit my account for the amount in question and take up to forty five (45) days to complete the investigation.

In case of an unauthorized transaction I understand that I may be liable for \$50.00 of the loss if I failed to inform the credit union of the loss of the card on a timely basis, as stated in the disclosure statement which I received and read at the time of the application for the card.

X _____
Member Signature

Date

X _____
Employee Signature

Date