



## ATM DISPUTE FORM

Member Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

Please select: ( ) ATM Deposit \_\_\_ Cash \_\_\_ Check OR ( ) ATM Withdrawal

Date of ATM Transaction: \_\_\_\_\_ Time of ATM Transaction: \_\_\_\_\_ ( ) AM ( ) PM

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Amount Deposited: \$ \_\_\_\_\_ Amount Credited to Account: \$ \_\_\_\_\_

Withdrawal Amount: \$ \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

*The receipt indicates the funds were disbursed, however....*

( ) I did not receive any funds.

( ) I did not receive all the funds requested: there was a shortage of \$ \_\_\_\_\_

\* I DECLARE THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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### Credit Union Use Only:

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Main Office: 10027 S. Western Ave. Chicago, IL 60643 | Downtown Branch: 433 W Harrison ST.  
Chicago, IL 60607 | Phone: 773-881-2500 | Fax: 773-238-8791 | Toll Free: 888-927-6328 | Audio  
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