AdventHealth
Credit Union

ATM TRANSACTION DISPUTE

Member Name: _____ Account Number: _____

Phone: _____ Work: _____ Email: _____

ATM Card # _____ Amount: $_____

Transaction Date: _____ Date Posted: _____ Sequence #: _____

ATM Location: _____

Explanation of dispute: _____

_____

_____

_____

_____

_____

_____

_____

_____

I acknowledge that the above statement is true and accurate to the best of my knowledge.

Member's Signature: _____ Date: _____

For Internal Use Only

BRANCH: Teller # _____ Teller Initials _____ Date sent to Admin: _____

ADMIN: Dispute received on: _____ By Teller: _____ Teller Initials: _____

Date Input on CNS: _____ Date Posted to Account: _____