



**I. MEMBER INFORMATION**

Member's Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Type of Account:

CU SHARE SAVINGS: \_\_\_\_\_ CU ADVANTAGE CHECKING: \_\_\_\_\_

Error occurred in Account Number: \_\_\_\_\_

If Applicable, Name(s) of Additional Cardholder (s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**II. ERROR / DISPUTE INFORMATION**

Please indicate which of the following error occurred

(CHECK ALL APPLICABLE ERRORS)

1. \_\_\_\_\_ UNAUTHORIZED TRANSFER(S)

2. \_\_\_\_\_ INCORRECT TRANSFER(S)

3. \_\_\_\_\_ INCORRECT AMOUNT ON RECEIPT

4. \_\_\_\_\_ TRANSFER IS NOT ON THE STATEMENT

5. \_\_\_\_\_ BOOKKEEPING OR COMPUTER ERROR

6. \_\_\_\_\_ DEPOSIT ERROR

7. \_\_\_\_\_ WITHDRAWAL ERROR

8. \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

Please provide a brief explanation for the error or disputed transaction and attach a copy of the statement and or receipt. (If additional space is needed, please utilize the reverse side of this form):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTROL NUMBER: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

VIA: \_\_\_ In Person \_\_\_ Phone \_\_\_ Mail \_\_\_ Webbranch

Note: \*If required by the Credit Union, a signed letter of EFT Error Notice must be received from the Member within 10 business days from the date of oral notice.

