



Electronic Funds Transfer (EFT)/ Automated Teller Machine (ATM) DISPUTE FORM

I. MEMBER INFORMATION

Member's Name: _____

Mailing Address: _____

Phone Number(s): _____

Type of Account: CU SHARE SAVINGS ACCOUNT: _____ CU ADVANTAGE CHECKING: _____

Error occurred in Account Number: _____

If Applicable, Name 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 of 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.):

INTERNAL USE ONLY

SIGNATURE: _____ DATE: _____

CONTROL NUMBER: _____

RECEIVED BY: _____ DATE: _____

VIA: _____PHONE* _____ In Person _____ Mail _____ Web branch

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