



ATM TRANSACTION DISPUTE

AppleFCU.org

P.O. Box 1200, Fairfax, VA 22038-1200 703-788-4800 Fax: 571-321-1968 ATMadjustments@AppleFCU.org

CARDHOLDER INFORMATION

Member Name: First	MI	Last	Suffix
Home Address: Street	City	State	Zip Code
Last 4 Digits of Member No.	Last 4 Digits of Card No.	Home Phone No.	Work Phone No.

TRANSACTION INFORMATION

Transaction Date and Time	Attempted Dollar Amount \$	Amount in Dispute \$
ATM Address/Location: Street	City	State Zip Code

DISPUTE REASON/ELABORATION

 You are disputing the transaction(s) in question because of the following ATM dispense/deposit error(s):

ATM Withdrawal:

- The incorrect amount or no funds were dispensed from ATM. *(Attach Receipt)*
- No Funds Received Only Portion of Funds Received: \$_____

ATM Deposit:

- The incorrect amount was credited. *(Attach Receipt)*
- Deposit Amount Should be: \$_____ Cash Deposit Check Deposit

Additional Information:

CARDHOLDER SIGNATURE

Signature ▶	Date (MM/DD/YYYY)
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