



ATM Merchant Dispute Form

Name:

Home Phone:

Card Number:

Cell Phone:

Address Line 1:

Work Phone:

Address Line 2:

Email Address:

City/State/Zip:

The following transactions were charged to my checking account, in error, account number:

If you have more than two transactions to dispute, please use the Additional Transactions page to continue.

Transaction Date:	Date Discovered::	Amount:	Company/Merchant Name
1.)			
2.)			

If merchandise was purchased, please provide a detailed description of the items.

Have you attempted to contact the merchant?

If Yes, Date Contacted

Name and title of the person you spoke with (if available):

Please note that the likelihood of successfully recovering the funds increases if you have attempted to contact the merchant directly.

Provide any additional details relevant to your dispute:

I, the undersigned, do attest that the statements made here are true and correct to the best of my knowledge:

Cardholder Signature

Date Signed

Please do not enter any information below this line - for office use only.

Accepting Branch:

Accepted By:

Forward to ATM Department

