



ATM DISPUTE STATEMENT

Fitzsimons
A PARTNERING CREDIT UNION

ALL FIELDS MUST BE COMPLETED AND FORM MUST BE NOTARIZED

Please print legibly. Illegible forms may cause processing to be delayed or rejected.

Please be advised, if transaction is fraudulent or unauthorized, your ATM/Debit card will be blocked. Per the Account Agreement/Fee Schedule, you may also be subject to a \$27/hour research fee if this dispute is denied or found to be invalid. Please review your claim and ensure all documentation is thorough and accurate. _____ MEMBER INITIALS

Date: ____/____/____ Time: _____

Member Account Number: _____

Card Account Number: _____ Expiration Date: ____/____/____

Cardholder Name: _____
Last First

Address: _____
Street

City State Zip

Home Phone: () _____ - _____ Work Phone: () _____ - _____

(optional) Cell Phone: () _____ - _____ (optional) E-Mail: _____

The card is in my possession: Yes No **If No, learned of loss on date:** ____/____/____ **Time:** ____:____

ATM Location	Amount	Transaction Date
1. _____	\$ _____	____/____/____
2. _____	\$ _____	____/____/____
3. _____	\$ _____	____/____/____
4. _____	\$ _____	____/____/____
5. _____	\$ _____	____/____/____

Details of dispute: **(Please note you must specify the reason for this dispute; for example, what your account history reflects, how much of the withdrawal you actually received, if you tried the transaction more than once, or the error message that the ATM gave.)**

Do you have a copy of the receipt? Yes No
(Please attach a copy of the receipt if you checked yes.)

You may attach a letter if there is not enough space.

I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Member Signature _____ Date: ____/____/____

Financial Specialist ID Number: _____ Date Received: ____/____/____

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, _____

(Notary Public) _____