

Notification of Disputed ATM Transaction



PO Box 6420, Manchester, NH 03108
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Member Name _____

ATM Card # _____

Member Number _____

ATM FRAUD - DESCRIPTION OF TRANSACTION *Section must be completed in it's entirety to process dispute.*

I have indicated below those transactions that are fraudulent:

Authorization Date	Post Date	Amount	Merchant Name

Please check the statement that applies to your situation:

My card was:

- Lost
 Stolen
 In my possession

Date Card was Lost/Stolen: _____ Place: _____

Police Report Case # _____

- I have reason to believe the following individual(s) utilized my debit card described above or had access to my debit card number and/or PIN number:

Name	Address	Reason

ATM ERROR - DESCRIPTION OF TRANSACTION *Section must be completed in it's entirety to process dispute.*

 Date of Transaction Time of Transaction Location of ATM

Amount Requested: _____ Amount Received: _____

Error Message: _____

Describe What Occurred: _____

Please attach documentation to support your dispute such as your transaction receipt.

Signature _____

Date _____

OFFICE USE ONLY Date: _____ MS Initials: _____