ATM Plus Dispute Form

FOR Y-12 CREDIT UNION MEMBERS ONLY
FOR ATM PLUS TRANSACTIONS ONLY

MEMBER INFORMATION		
Account Number	Card Number	
Name	Primary Phone Number	Secondary Phone Number
Mailing Address	City	State, ZIP

ATM INFORMATION		
ATM Plus Location	Terminal ID Number	Serial/Sequence Number
Date/Time of Withdrawal or Deposit	Amount Requested and/or Deposited	Amount Received and/or Deposited

Describe error/complaint in detail:

Please be as specific as possible. Attach a copy of receipt or statement, if available.

Member Signature: _____ **Date:** _____

MXC: _____

CARD SERVICES USE ONLY:

Date Received: _____ JV Date: _____

Card Captured: _____ Total Amt: _____

CAMS: _____ Closed: _____