

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

Account Number    Card Number   Secondary Prione Number   Secondary Prione Number	MEMBER INFORMATION				
Name   Primary Phone Number   Secondary Phone Number			Card Number		
ATM INFORMATION  ATM INFORMATION  ATM PM last accession  Terminal ID Number  Senial/Sequence Number  Describe error/complaint in detail:  Please be as specific as possible. Attach a copy of receipt or statement, if available.  Member Signature:  Date:  CARD SERVICES USE ONLY:  Date Received:  JV Date:  Card Captured:  Total Amt:	Account Number		Card Number		
ATM INFORMATION  ATM INFORMATION  ATM PM last accession  Terminal ID Number  Senial/Sequence Number  Describe error/complaint in detail:  Please be as specific as possible. Attach a copy of receipt or statement, if available.  Member Signature:  Date:  CARD SERVICES USE ONLY:  Date Received:  JV Date:  Card Captured:  Total Amt:		Tai ai i			
ATM INFORMATION  ATM Plus Location  Date/Time of Withdrawal or Deposit  Amount Requested and/or Deposited  Amount Requested and/or Deposited and/or Deposited and/or Deposited and/or Deposited and/or Deposited and/or Deposited	Name	Primary Phone Number		Secondary Phone Number	
ATM INFORMATION  ATM Plus Location  Date/Time of Withdrawal or Deposit  Amount Requested and/or Deposited  Amount Requested and/or Deposited and/or Deposited and/or Deposited and/or Deposited and/or Deposited and/or Deposited					
Arrount Requested and/or Deposited  Arrount Requested and/or Deposited a	Mailing Address	City		State, ZIP	
Arrount Requested and/or Deposited  Arrount Requested and/or Deposited a					
Arrount Requested and/or Deposited  Arrount Requested and/or Deposited a	ATM INFORMATION				
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Member Signature:  Date:  CARD SERVICES USE ONLY:  Date Received:  Jy Date:  Card Captured:  Total Amt:					
Member Signature:  Date:  CARD SERVICES USE ONLY:  Date Received:  Jy Date:  Card Captured:  Total Amt:					
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Member Signature:   Date:	Describe error/complaint in detail:				
MXC:	Please be as specific as possible. Attach a copy of receipt of statement, if available.				
MXC:					
MXC:	Member Signature		Date		
Date Received:         JV Date:           Card Captured:         Total Amt:	member signature.		Date		
Date Received:         JV Date:           Card Captured:         Total Amt:			CARD SERVICES USE ONL	Y:	
Card Captured: Total Amt:	MXC:			_	
			Date Received:	JV Date:	
CAMS: Closed:			Card Captured:	Total Amt:	
			CAMS:	Closed:	