



ATM Deposit Dispute Form

Return this form and any supporting documents so your dispute can be processed in a timely manner.

Cardholder Name: _____ Account Number: _____

Card Number: _____ Total Deposit Amount: \$ _____

Transaction Date: _____ Dispute Amount: \$ _____

I did not receive credit for an attempted deposit at a UFCU ATM.

UFCU ATM #: _____

Address: _____

Choose from one of the dispute categories below:

Please check the appropriate box below that matches your dispute type the closest.

Deposit Type:

Check (please list the amount of each check)

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

\$ _____ \$ _____

Cash (please specify the denominations)

\$100 x _____ \$50 x _____ \$20 x _____ \$10 x _____

\$5 x _____ \$1 x _____

Detailed Explanation:

I swear this Cardholder Dispute Form is true and understand that making a false sworn statement is subject to Federal and/or State statutes and may be punishable by fines and/or imprisonment.

I give my consent to have this dispute/claim reviewed by a credit union investigator and understand that I may be asked to provide additional details for this investigation.

I also understand that incomplete or inaccurate information could result in the decline of my dispute.

Cardholder Signature (Required)

Date

Credit Union Use Only:

- If the amount being disputed exceeds \$1,000 please request management approval before issuing provisional credit
- **SD SC GL** is the required Transaction Codes for issuing provisional credit in Episys
- Please use the **ATMDeposit.0 (725030-0000.0000) GL** when issuing provisional credit
- The **Shared Comment** should read as such: **Prov cr ATM# 457*** Deposit Dispute**

Submitted By: _____