

## La Loma Federal Credit Union ATM Dispute Form

Member Name: \_\_\_\_\_ Member Phone: \_\_\_\_\_

Card #: \_\_\_\_\_ Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

ATM Location Address: \_\_\_\_\_

**Date Cardholder  
Discovered Error:**

**Date Cardholder Reported  
Error to Credit Union:**

**Date of Transaction:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **ATM- NO Cash:** Cash was not dispensed from the ATM machine

\_\_\_\_\_ **ATM- Partial cash not received:** Cash was dispensed from ATM machine but not the full amount requested.

Amount requested: \_\_\_\_\_ Amount received: \_\_\_\_\_

\_\_\_\_\_ **ATM- Cash Deposit:** Cash inserted to ATM machine but did not receive credit for amount inserted.

Amount inserted: \_\_\_\_\_ Amount credited: \_\_\_\_\_

\_\_\_\_\_ **ATM- Check Deposit:** Check inserted to ATM machine but did not receive credit for amount inserted.

Check amount: \_\_\_\_\_ Payee: \_\_\_\_\_ Originating Bank: \_\_\_\_\_

**I declare under penalty of perjury that information provided is true and correct. I also declare that I have read all the above information and agree that it is factual and accurately described the transaction/event that is subject to this claim.**

If this is a matter of fraud, I further certify that:

- I give my consent to my financial institution to release any information regarding my Card and/or Card Account to any **federal, state or local law enforcement agency** so that the

