



ATM Dispute

Member Name: _____ Account Number: _____

Card Number: _____ Dispute Date: _____

I am disputing the following transactions made at:

ATM Location: _____ Transaction Date: _____

Amount Disputed: _____

Check ☐ Cash: ☐

Denominations: 10's: _____

20's: _____

Unknown: _____

Withdrawal Amount Requested: _____ Withdrawal Amount Received: _____

Deposited Amount: _____ Deposit Amount Received: _____

Other details regarding my dispute: _____

Member Signature: _____ Date: _____

OCU Staff Signature: _____ Date: _____