



CU CheckCard ATM Transaction Dispute Form

Fax to: Association of Vermont Credit Unions, 802-864-4391

***These items are absolutely necessary for processing**

Date: _____

Credit Union: _____

Credit Union Representative: _____

Member Name: _____

*Member ID Number: ____ - _____

*Member Card Number: _____

Draft Account # _____ Share Account # _____

*Financial Institution Where Error Occurred: _____

*Financial Institution Location: _____

*Date of Occurrence ____/____/____

Date Posted CU ____/____/____

Explanation: _____

ATM Error Code: _____

Was money involved? YES NO Amount: _____

Additional Comments: _____
