

ATM Transaction Dispute Form

Cardholder Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____ (____) _____
Daytime Evening

Email: _____

Last Four Digits of Card Number: _____ Card Type: Debit Credit

1. Transaction Information

Transaction Date: ____/____/____ ATM Location: _____ Dollar Amount: _____
(mm/dd/yyyy)

Amount in Dispute: _____ Transaction Type: ATM PIN POS (Point of Sale)

2. Dispute Reason/Elaboration

I am disputing the transaction(s) in question because of the following ATM dispense/deposit error(s):

- The incorrect or no amount was dispensed from the ATM.
 - Attach Receipt No funds received
 - Portion of funds received-\$ amount: _____
- The incorrect amount was deposited into ATM.
 - Attach Receipt Deposit amount should be: _____
 - Cash Deposit Check Deposit

Additional Information:

Cardholder Signature Date

Please return this form and any additional documents within 10 days to:
Mail: Westerra Credit Union, Attn: Card Services Dept. 3700 E. Alameda Ave. Denver, CO 80209 or
Fax: 1-855-610-5478, or
Scan and email: cardservicesstaff@westerracu.com
Please call Card Services at 303-321-4209 with any questions and to verify the receipt of your form and documents.