

Date:

**Re: ATM Dispute and PIN Transaction Dispute**

**I would like to file the following dispute regarding a transaction on my ATM Card/VISA Check Card.**

Machine Location:

Member #:

Card #:

Amount of the Transaction: \$

Date of Transaction:

I am disputing because:

I DID NOT RECEIVE THE MONEY.

I DID NOT AUTHORIZE THIS TRANSACTION.

I HAVE TRIED TO RESOLVE THIS WITH NO AVAIL.

Other please explain:

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Please provide any other details that may be relevant to your dispute:

Sincerely,

Daytime Phone #:

Address:

*Note any attempt made to resolve dispute previously.*

Instructions

Street and Town, ATM owner or Merchant name

10-digit member #

Please enter the full 16 digits

List each separately

Use date of transaction not posted date

Check ONE box only

Fill out form completely.

Provide as much information about the dispute as possible.

Please be sure to print and sign your name as it appears on the card.

Attach Supporting Documentation such as copy of receipt for returned merchandise or return shipping receipt. How merchant contacted ( phone, letter and/or email) and date contacted.

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**service1st**

Friends you can bank on.