



ATM TRANSACTION | DISPUTE INVESTIGATION FORM

ACCOUNT NUMBER: _____

MEMBER NAME(S): _____

ADDRESS : _____

CITY/STATE/ZIP CODE: _____

WAS THIS CARD IN YOUR POSSESSION DURING THE TRANSACTION IN QUESTION?

YES: _____ NO: _____

PLEASE INVESTIGATE THE FOLLOWING ERROR(S) REGARDING THE FOLLOWING TRANSACTION(S):

Date: _____ Amount: _____ Deposit / Withdrawal Suffix: _____

Date: _____ Amount: _____ Deposit / Withdrawal Suffix: _____

Date: _____ Amount: _____ Deposit / Withdrawal Suffix: _____

Please provide the name and address of the institution where the transaction(s) took place:

****PLEASE ATTACH ANY RECEIPTS OR DOCUMENTATION THAT MAY ASSIST US WITH YOUR DISPUTE****

Please provide a brief explanation of the events that led to this dispute:

I understand that Burbank FCU will investigate my dispute and make the appropriate disposition within 10 business days from the date of the receipt of this report, or will provisionally credit my account for the amount in question, and take no more than 45 days to complete its investigation.

By signing below I agree that I have read and understand the above statement, and that all information I have provided is true and correct.

Member Signature Date

Member Signature Date

Dispute Received By: _____

ID Verified By: _____

Dispute Completed By: _____