ATM TRANSACTION DISPUTE FORM

APCI Federal Credit Union P O Box 20147 Lehigh Valley PA 18002-0147
1-800-821-5104 610-481-6992 Fax 610-706-7042

Instructions: 1. Complete all information requested below.
2. Attach a copy of original receipt.

ALL requested information must be received before dispute forms will be filed and any account adjustments made. A conditional adjustment for the disputed amount will be made within 10 business days of receipt of this form and requested attachments.

Card Number: _____

Name/Address: _____

_____

_____

Member Phone Number: **Home**_____ **Work**_____

This card was requested by me: ☐**Yes** ☐**No** **Card is currently in my possession** ☐**Yes** ☐**No**

Details: (include date and time) **Dispute Amount: $**_____

I confirm all information is true and valid.

Member Signature: **Date:**