



PO Box 20147, Lehigh Valley, PA 18002-0147
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ATM DISPUTE FORM

Instructions:

1. Complete all information requested below.
2. Attach a copy of original receipt.
3. If your purchase was denied and another form of payment was used attach a copy of the cash receipt; check copy: or other card receipt.
4. If no funds were dispensed on an ATM withdrawal and no receipt was provided, note below.

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.

Today's Date: _____

ATM / VISA Check Card Number: _____

Member Name/Address: _____

Member Phone Number: Home _____ Work _____

Explanation of Error: (include date and time) **Dispute Amount:** \$ _____

I certify that all information is true and correct.

Member Signature: _____ **Date:** _____