



# ATM Deposit Dispute Form

Return this form and any supporting documents so your dispute can be processed in a timely manner.

Cardholder Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Total Deposit Amount: \$ \_\_\_\_\_  
 Transaction Date: \_\_\_\_\_ Dispute Amount: \$ \_\_\_\_\_

I did not receive credit for an attempted deposit at a UFCU ATM.

UFCU ATM #: \_\_\_\_\_

Address: \_\_\_\_\_

**Choose from one of the dispute categories below:**

Please check the appropriate box below that matches your dispute type the closest.

Deposit Type:

Check (please list the amount of each check)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Cash (please specify the denominations)

\$100 x \_\_\_\_\_ \$50 x \_\_\_\_\_ \$20 x \_\_\_\_\_ \$10 x \_\_\_\_\_  
\$5 x \_\_\_\_\_ \$1 x \_\_\_\_\_

**Detailed Explanation:**

I swear this Cardholder Dispute Form is true and understand that making a false sworn statement is subject to Federal and/or State statutes and may be punishable by fines and/or imprisonment.

I give my consent to have this dispute/claim reviewed by a credit union investigator and understand that I may be asked to provide additional details for this investigation.

I also understand that incomplete or inaccurate information could result in the decline of my dispute.

\_\_\_\_\_  
**Cardholder Signature (Required)**

\_\_\_\_\_  
**Date**

**Credit Union Use Only:**

- If the amount being disputed exceeds \$1,000 please request management approval before issuing provisional credit
- **SD SC GL** is the required Transaction Codes for issuing provisional credit in Episys
- Please use the **ATMDeposit.0 (725030-0000.0000) GL** when issuing provisional credit
- The **Shared Comment** should read as such: **Prov cr ATM# 457\*\*\* Deposit Dispute**

Submitted By: \_\_\_\_\_