



Cardholder ATM Resolution Claim

Supporting documentation must accompany this form or your claim may initially be denied. Please read each category in its entirety and ensure you have provided all required information. We may need additional information from you at various stages of your claims process. Please ensure your contact information is current.

Part I - Please complete each item in this section.

Cardholder Name	Email Address		
Card Number	Home Phone	Work Phone	
How do I want to be contacted?			
Cardholder Signature			Date
I have verified the charges to my account, and I dispute the item below.			
Merchant Name	Date	Posting Date	Dollar Amount \$

Please provide details (Use reverse side, if needed)

Part II - Please check and complete the category which BEST describes your dispute.

Please check the appropriate box below and complete the necessary information. Any required supporting documentation must accompany this form or your claim may not be processed.

☐ **I did not receive cash from an ATM withdrawal attempt but was charged as if I did.**

Transaction Time: _____ Location of ATM: _____

I attempted a withdrawal from account # _____

☐ I made a single attempt and did not receive any cash

☐ I made a single attempt and received some cash. I received \$ _____

☐ I made multiple attempts and only received cash on one of those attempts. I received \$ _____

☐ **I performed a deposit but it was not processed or was processed incorrectly.**

Transaction Time: _____ Location of ATM: _____

I attempted a deposit to account # _____

Total Deposit Amount \$	Total Cash Deposit \$	Total Check Deposit \$
Number of Checks	Amount of Actual Dispute \$	Was the Deposit Returned?
How much was given back to the member? \$	What was returned?	

More Information

[illegible]

Or, fax to Card Services at (916) 971-6441.