



Chevron Federal Credit Union

ATM Transaction Dispute Form

PLEASE PRINT

FAX NUMBER: 510-627-5032

NAME	DAY TIME PHONE	EVENING PHONE	
ADDRESS	CITY	STATE	ZIP

TRANSACTION INFORMATION

CARDHOLDER NUMBER (CLIENT #)	ACCOUNT TYPE	TRANSACTION AMOUNT	TYPE OF TRANSACTION WDL DEP PMT TFR
DATE OF TRANSACTION	TIME AM/PM	PROPRIETARY OR NETWORK ATM	

PLEASE DESCRIBE THE ERROR OR INFORMATION YOU NEED IN YOUR OWN HANDWRITING (IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET TO THIS FORM):

PLEASE ANSWER THE FOLLOWING QUESTIONS

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. WAS YOUR CARD LOST? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. WAS YOUR CARD STOLEN? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. WAS YOUR PERSONAL IDENTIFICATION NUMBER (PIN) WITH CARD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. WAS YOUR PIN WRITTEN ANYWHERE? IF YES, WHERE? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. HAVE YOU EVER ALLOWED ANYONE ELSE TO USE YOUR CARD? IF SO, WHO? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. IF YOUR CLAIM INVOLVES A MISSING DEPOSIT OR PAYMENT, PLEASE IDENTIFY THE ITEMS DEPOSITED. | | |
| CHECKS | <input type="checkbox"/> | <input type="checkbox"/> |
| CASH | <input type="checkbox"/> | <input type="checkbox"/> |

IF YOU ANSWERED "YES" TO #1 OR #2 PLEASE ANSWER THE FOLLOWING:

A. WHEN DID YOU FIRST REALIZE YOUR CARD WAS MISSING?

DATE _____

TIME _____

LOCATION _____

B. DID YOU NOTIFY THE POLICE? YES NO

DEPARTMENT NAME _____

POLICE REPORT NUMBER _____

I DECLARE UNDER PENALTY PERJURY THAT THE FOREGOING IS TRUE IS TRUE AND CORRECT.

SIGNATURE _____

DATE _____

FOR ACCOUNTING DEPT ONLY (TO BE COMPLETED BY ATM DESK)

EMPLOYEE ACCEPTING CLAIM _____

BRANCH _____

DATE _____

DISPOSTION OF CLAIM _____

ATM CARD BLOCKED ON NET04 _____

DATE _____

TIME _____

REASON CODE _____

CLAIM# _____

DATE REC'D _____

DATE RESOLVED _____

Revised 4/02

