



PO Box 30831
Los Angeles, CA 90030-0831
(800) 222-1226
FAFCU.org

ATM TRANSACTION DISPUTE FORM

Dispute Type

- ☐ **ATM Deposit** - an incorrect amount was posted to my account.
- ☐ **ATM Withdrawal** - cash dispersed was short or not received.

Member Information

Member Name (First, MI, Last)	Account Number
Daytime Phone Number	Email Address
Street Address	City, State, Zip Code

Financial Institution Information

Name of Financial Institution	Location Address
Transaction Date	Transaction Amount
Type of Transaction <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Both	Disputed Amount
VISA® Debit Card Number	

Description of what occurred. Please attach the receipt if available.

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Member Signature (required)

Date

Return form by mail attention: Electronic Services; FAX: (323) 269-6607; or Email: WebServices@FAFCU.org