

ATM DEPOSIT/WITHDRAWAL DISPUTE

| | |
|----------------------|-----------------------|
| Name on Account | Account Number |
| Street Address | City, State, Zip Code |
| Daytime Phone Number | Email Address |

Dispute Type:

- ☐ **ATM Deposit** - posted for the incorrect amount or cash/check deposit was kept by the machine.
- ☐ **ATM Withdrawal** - did not receive cash or received a shorted cash amount.

| | | |
|-----------------------------------|-------------------|--------------------------------------------------------------|
| Name of Credit Union and Address: | Transaction Date: | <input type="checkbox"/> CASH <input type="checkbox"/> CHECK |
| Visa® Debit Card Number: | Dispute Amount: | |

Please attach receipt if one was provided. Describe in detail what occurred and list each individual check amount:

A decorative graphic in the top-left corner of the page. It consists of a large, light gray circle that is partially obscured by a smaller, darker gray circle. A white triangle is positioned in the center, pointing towards the bottom-right. The entire graphic is set against a light gray background.

Please complete and return the form via fax, email, or mail to:

F&A Credit Union
ATTN: Electronic Services
P.O. Box 30831
Los Angeles, CA 90030-9972
Fax: 323-269-6607
Email: Webservices@fafcu.org



Federally insured
by NCUA