smart_ifinancial

ATM/ITM Dispute

Member Name:	Account N	lumber:		
Debit Card Number (For ATM o	dispute ONLY):			
Session Number (For ITM dispute	e ONLY):			
ATM or ITM Terminal Location:	, 			
Transaction Date:	Transaction Time:	AM/PM (circle one)		
Statement: (Please provide details	s regarding your dispute.)			
I understand that knowingly	•	-		
and or state statutes and may be punishable by fines and/or by imprisonment.				
Member Initials (Required):				
DEPOSIT DISPUTE	🗆 ATM 🛛 ITM			
Check (Please list the am	nount of each check)			
\$\$	\$\$\$	\$		
Cash (Please specify the	e denominations)			
\$100 x \$50 x	_\$20 x\$10 x	\$5 x \$1 x		
What was the total amount in	serted into the depository?	\$		
What was the total amount in How much was returned from		\$ \$		
How much was returned from	n the ATM/ITM?			
	n the ATM/ITM? osted to your account?	\$		
How much was returned from How much of your deposit po	n the ATM/ITM? osted to your account?	\$ \$		
How much was returned from How much of your deposit po How much is missing from you	n the ATM/ITM? osted to your account? or total deposit?	\$ \$		

Requested Amount	Dispensed Amount	Fee Assessed (if applicable)

For Credit Union Use Only		
Submitted by (rep name):	Date:	
Branch Location:	ATM Address:	