

**360 Federal Credit Union
ATM Dispute Request Form**

Please complete all information available in the sections listed below and forward request to the Debit/ATM Adjustments (Lending Department). The fax number is 860-627-4224.

Member Information

Members Name	
Address	
Daytime Telephone#	
Account# Affected	
Date Request Received	
Received by	

Transaction Details

Member's ATM card #	
Date and Time of the Transaction	
Location of Transaction	
Amount requested	
Amount received	
Amount charged to acct.	

Please provide a brief description of the transaction in question

I am notifying 360 Federal Credit Union of a dispute regarding an ATM transaction as described above. Please take the appropriate actions to correct this error which occurred.

Please provide a copy of the receipt if available, along with copy of member statement which reflects the error. We will notify the member of the status of the dispute within 10 days of receipt of notification and apply provisional credit if not resolved. We will resolve all disputes within 45 business days.

Member Signature _____ Date _____

----- Debit/ATM Adjustments (Lending Department) Use Only -----

Action	Date
Adjustment Request Received	
Provisional Credit & Letter Sent	
Adjustment Request Processed	
Response Received from Institution	
Final Status Letter Sent	