



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

