

ATM/Live Teller Transaction Dispute Form

Delta Community Credit Union Members Only



Form Instructions:

- 1 — This form must be completed by the cardholder.
- 2 — Sign and date the form. Submit the completed form along with all supporting documentation..
- 3 — Mail to:
Delta Community Credit Union
ATTN: ATM/Live Teller Disputes
P.O. Box 20541, Atlanta, GA 30320-2541
or fax to: 404-677-4922
or email: DEPTATM-SharedBranch@DeltaCommunityCU.com

Note: Non-members using Delta Community ATMs/Live Teller must contact their financial institution to file a dispute.

Cardholder Name _____ Phone Number _____

Card Number (16 digits) _____ Member Number _____

The ATM/Live Teller Transaction Dispute Form should be completed only if you are disputing a recent transaction initiated with your Delta Community ATM/Debit Card. **(Do not use this form to report unauthorized transactions.)** If someone used your ATM/Debit Card to make a transaction without your knowledge or permission, please contact Delta Community immediately to report fraud activity. **This form must be completed by the cardholder.**

Please select all that apply: ATM Live Teller Cash Check Loan Payment

Date of Transaction _____ Time of Transaction _____ AM PM

Location of ATM/Live Teller _____ Session Number (can be found on receipt) _____

Amount Deposited: \$ _____ Amount Credited to Account: \$ _____

Withdrawal Amount: \$ _____ Amount Received: \$ _____

Message displayed on ATM/Live Teller Machine _____

Additional Information: _____

IMPORTANT: ALL fields of this form must be completed. Lack of documentation may delay resolution of your dispute. Please allow up to five business days for provisional credit to be applied after receipt of documentation and an additional five business days for research and final credit, if applicable.

I DECLARE THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

Signature: _____ Date: _____

For INTERNAL Use Only: Date and Initial Letter

Sent: _____ Case Closed: _____

