



For INTERNAL Use Only: Date and Initial

Letter Sent: _____

Case Closed: _____

ATM Transaction Dispute Form

Delta Community Credit Union Members Only

Cardholder Name: _____ Phone Number: _____

Card Number (16 digits): _____ Account Number: _____

The ATM Transaction Dispute Form should be completed if you are disputing a recent transaction initiated with your Delta Community ATM/Debit Card. **(Do not choose this form for 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.**

Submit the completed signed and dated form and all supporting documentation by:

Fax: 404-677-4922 | ATTN: ATM Disputes

Mail: Delta Community Credit Union | ATTN: ATM Disputes, P.O. Box 20541, Atlanta, GA 30320-2541

Non-members using Delta Community ATMs will need to contact their Financial Institution to file a dispute.

Please select: () **ATM Deposit** ___ Cash ___ Check **OR** () **ATM Withdrawal**

Date of ATM Transaction: _____ Time of ATM Transaction: _____ () AM () PM

Location of ATM: _____ ATM Number (can be found on receipt): _____

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

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

Message displayed on ATM: _____

Additional Information: _____

IMPORTANT: ALL fields of this form must be completed. Lack of documentation may delay resolution of your dispute. Please allow up to 5 business days for provisional credit to be applied after receipt of documentation.

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

Cardholder Signature

____/____/_____
Date

