

PIN Based Dispute

Your Name _____ Date _____

Address _____ City _____ State _____ ZIP Code _____

Home Phone _____ Business Phone _____ ext. _____ Other Phone _____

.....

Member Account _____ Card Number _____

ATM Location _____

Trans. Type _____ *Trans. Date _____ *Trans. Time: _____

Desc. Number _____ Amount Requested _____ Amt. Received: _____

** If more than one transaction, attach account history and highlight disputed items.*

REASON FOR DISPUTE:

Type of Reporting: In Person Request Phone Request e-Mail Request

Member Signature _____ Date _____

CREDIT UNION USE ONLY:

Employee Initials Receiving Request: _____ Teller Number: _____ Date: _____

STAR Case ID - Action Number: _____ Date Submitted to STAR: _____

Employee Initials Processing Inquiry/Dispute: _____ Teller Number: _____

