

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: _____

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