



ATM Transaction Dispute Form Emory Alliance 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 Emory Alliance CU Debit Card. **This form must be completed by the cardholder.**

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

Fax: 404.329.6423 | ATTN: ATM Disputes

Mail: Emory Alliance Credit Union | ATTN: ATM Disputes, 1237 Clairmont Road, Decatur, GA 30030

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

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

ATM Location: _____

ATM Number (can be found on receipt): _____

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

