

SECTION I – CARDHOLDER INFORMATION

Cardholder Name _____ Date _____

Member Number (last 4 digits only) _____ Last 4 digits of Debit Card _____

Daytime Phone Number _____ Cell Phone Number _____

Work Phone Number _____ Email Address _____

SECTION II – DESCRIPTION OF ATM DISPUTE

Please check the ONE option that best describes your ATM Dispute:

- I requested an ATM withdrawal of \$ _____ but received \$ _____
on _____ (date)
- I did not receive any of the requested funds but my account was debited \$ _____
on _____ (date)
- I attempted to make a cash deposit of \$ _____; however, I did not receive credit for the
deposit. I attempted my cash deposit in ATM located at _____ on _____ (date)
- I attempted to deposit the following check(s): \$ _____ \$ _____ \$ _____
\$ _____ \$ _____ however I did not receive credit for the check deposit(s). I attempted
to deposit the checks in the ATM located at _____ on _____ (date)

Cardholder's Printed Name

Date

Cardholder's Signature

Returned signed document to Fortera Credit Union by: Fax 931.431.2028, email:
CardServices@ForteraCU.com, or by mail: Fortera Credit Union, Attn: Card Services, 2050 Lowe's
Drive, Clarksville, TN 37040