



ATM Resolution Form

Any ATM transaction on Friday evening, Saturday and Sunday or during a holiday will be charged to the member's account the following business day. If available, a copy of the ATM receipt should be attached to the form.

Member Information	
Member Name	Account Number
Daytime Phone	Evening Phone

Notification of Discrepancy	
Notification Date	Time
Method of Notification (check one) <input type="checkbox"/> Phone <input type="checkbox"/> Branch	Received By

Transaction Information	
Transaction Location	Transaction Date
Transaction Time	Transaction Number
From Which Account was the Transaction Performed (check one)? <input type="checkbox"/> Checking (Share Draft) <input type="checkbox"/> Savings (Shares)	
Did the member attempt to withdraw funds from the ATM (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," what was the requested amount?	If "Yes," what was the amount received?
If "No," Has the ATM card been lost or stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does anyone have access to card or PIN number? <input type="checkbox"/> Yes <input type="checkbox"/> No

For Accounting Use Only

10 Business Days: _____ (re-credit account if not resolved)
45 Calendar Days: _____ (investigation must be complete)
<input type="checkbox"/> Sent to Network for investigation on: ____/____/____
<input type="checkbox"/> Adjusted member's account during ATM balancing
Signature: _____ Date: _____