



ATM/Electronic Funds Inquiry

Name _____ Joint Account Holder _____

Account No. _____ Card No. _____

Account Type Checking Savings

Phone No. _____

COMPLETE ALL INFORMATION

The undersigned had possession of the ATM/Debit/Visa card indicated above at the time the described transaction (s) took place. Yes No

ATM Location _____

Transaction Date _____

Transaction Time _____

Requested Transaction Amount \$ _____

Transaction Amount Processed \$ _____

Claim Amount \$ _____

Reason for Disputing Transaction _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I WILL ALSO COOPERATE WITH CERTIFIED FEDERAL CREDIT UNION DURING THE INVESTIGATION.

Member Signature

Date

Joint Account Holder Signature

Date

BOTH SIGNATURES REQUIRED FOR JOINT ACCOUNTS

FAX 626.246.3106