



ATM TRANSACTION DISPUTE FORM

INSTRUCTIONS

Complete this form if you are disputing a deposit or dispense difference from an ATM. Once completed, return to any Citizens Bank of Edmond location, or mail it to P.O. Box 30 Edmond, Oklahoma 73034, or fax to the Account Services Department at 405-359-2637.

If you are not an account holder at Citizens Bank of Edmond, please make the claim with your financial institution or card provider.

CUSTOMER INFORMATION

Customer Name:		Account Number:	
Address:		Ph. Number:	
City:	State:	Zip:	
Card Number:			

ATM Deposit or Dispense Difference

ATM Location:		Date of ATM Transaction:	
Amount Requested/Deposited: \$	Amount Received/Credited: \$	Amount Difference: \$	

Do you have a receipt for the transaction in question? Yes No If yes, please attach a copy.

ACKNOWLEDGEMENT

TO THE ACCOUNT HOLDER: Please verify the above information, sign below and return this form to us within ten (10) business days from the date you first reported the error. Please note any incorrect or incomplete information. You understand the financial institution will investigate the alleged error and make the appropriate dispositions of the matter within ten (10) business days (twenty (20) business days for new accounts) from the date the error was reported or will provisionally re-credit your account for the amount in question and taken up to forty-five (45) days (ninety (90) days for new accounts and point of sale or foreign initiated transactions) to complete its investigation. Results of the investigation will be provided to the customer. If it is found that the transaction in dispute is not unauthorized or is refunded by the merchant, the provisional credit will be reversed from the account and a letter will be sent to notify the customer.

Visa's cardholder protection policy requires institutions issuing Visa products to extend provisional credit for losses from unauthorized card use within five (5) business days of notification of the loss.

By signing this form you certify that, the transaction(s) described were not originated with fraudulent intent by me or any person acting for me or with me. I neither conducted, authorized nor benefited from these transactions. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Customer Signature: _____ **Date:** _____

EMPLOYEE USE ONLY

Date Error Originally Reported:	Original Notification Received: <input type="checkbox"/> In person <input type="checkbox"/> Verbal
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Employee Name: _____ **Date:** _____

Please forward form to Account Services upon completion.