



**ATM ERROR RESOLUTION REQUEST**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone #: \_\_\_\_\_ Disputed Amount \$ \_\_\_\_\_ Seq. #: \_\_\_\_\_

Card #: \_\_\_\_\_

Transaction Type (circle one): Deposit / Withdrawal / Payment

Account Type (circle one): Savings / Checking / Loan

Date of Transaction: \_\_\_\_\_ Machine Location: \_\_\_\_\_

Description of Error: \_\_\_\_\_

I certify by my signature, to the best of my knowledge, the above statement is accurate. I understand any provisional credit issued to my account can be reversed if the above statement is found to be inaccurate.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Credit Union Representative

**Accounting USE ONLY**

Date Received \_\_\_\_\_ Sequence # \_\_\_\_\_

Provisional Credit  803003  738000  Change Fund 7370  \_\_\_\_\_

Investigation Results: \_\_\_\_\_ Reference # \_\_\_\_\_

Note: \_\_\_\_\_

Case Close Date \_\_\_\_\_ Teller Number \_\_\_\_\_ Reversed Provisional Credit   
Y or N

Fax (770) 420-3850 or Email (atmsupport@lgeccu.org) a completed form.  
Questions should be directed to ATM Support at 770-424-0060 Ext # 85105