

DECLARATION OF UNAUTHORIZED USE

ATM and Point of Sale (POS) – PIN Based Transactions Only

Member Name	Telephone No.	Alternate Telephone No.	
Address	City	State	ZIP
Lat 4 digits of Social Security Number			

Card Number Used:		Location of Terminal:	
Account Number		Amount of Claim	Date
Date of Inquiry	Type of Transaction		Time

Member's reason for disputing transaction:

Transaction Information:		
Date	Amount	Posting Date
Members Signature		Date

Financial Institution Use:		
<input type="checkbox"/> Inquiry made in person <input type="checkbox"/> Inquiry made by mail		
<input type="checkbox"/> Inquiry made in person <ul style="list-style-type: none"> 1. Informed member that written inquiry is required if the report is not placed in person. 2. Gave member address to forward written inquiry. 3. Informed member of the type of information to put in letter. 		
Date letter requested		Date letter received
Employee receiving inquiry:		Date/time inquiry logged in file
Date letters sent	Provisional credit	Final