

**Community Resource Credit Union**

**Debit Card ATM Dispensing Dispute Form**

Date \_\_\_\_\_ CRCU Employee \_\_\_\_\_

**Member Information**

Account Number _____	Checking _____	Savings _____
Member Name _____		
Address _____		
City _____	State _____	Zip _____
Home # _____	Work# _____	Cell# _____

**For Employee Use Only**

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

Requested Amount(s) \_\_\_\_\_

Dispensed Amount(s) \_\_\_\_\_

Disputed Amount(s) \_\_\_\_\_

Date of Transaction \_\_\_\_\_

Location of Transaction \_\_\_\_\_

Additional Information \_\_\_\_\_

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**Please Read**

<p><b>Transactions performed at CRCU ATM terminals:</b></p> <p>The member will receive a provisional refund 3 business days from the dispute date.</p> <p><b>Transactions performed at other terminals/locations:</b></p> <p>The member will receive a provisional refund 10 business days from the dispute date.</p>
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