



Corporate Headquarters
225 Chestnut St.
Rochester, NY 14604-2424

ATM TRANSACTION DISPUTE

(Do **NOT** use this form if card is lost or stolen)

CARDHOLDER INFORMATION:

ESL Card Number (last four digits): _____

ESL Visa® Check Card or ESL ATM Card

ESL Member Number: _____

Cardholder Name: _____

Cardholder Daytime Phone: _____

Date Form Completed: _____

LOCATION OF TRANSACTION:

ATM Location: _____

Street Address: _____

City, State, Zip: _____

ATM Machine Number: _____

DETAILS OF TRANSACTION:

Transaction Date: _____

Time: _____

Transaction Amount: _____

Disputed Amount: _____

ESL Account Used: Checking or Savings

Account Number: _____

Describe Problem: _____

Member Signature: _____

Branch: _____

Teller #: _____ Ext #: _____

THIS SECTION TO BE COMPLETED BY FRAUD DEPARTMENT ONLY

ATM Dispute Log Number: _____

Date Received: _____

Date Sent to NYCE or PLUS: _____

Pending Credit Date: _____

Adjustment Credit Date: _____

Pending Credit Reversal Date: _____

Additional Information: _____

Spreadsheet Updated

RESULT OF INVESTIGATION:

Transaction completed successfully (no adjustment made)

Pending credit to be reversed on: _____

Transaction completed in error

Adjustment made on: _____

Additional information: _____

Date completed: _____ Completed by: _____