



STATEMENT

Member Name

Account Number

Daytime Phone

Evening Phone

NOTIFICATION OF DISCREPANCY

<i>Notification Date</i>	<i>Time</i>
<i>Method of Notification (check one)</i> Phone Branch	<i>Received by</i>

TRANSACTION INFORMATION

<i>Transaction Location</i>		<i>Transaction Date</i>
<i>Transaction Time</i>	<i>Transaction Number</i>	
<i>From Which Account was the Transaction Performed (check one)?</i> Checking (Share Draft) Savings (Shares)		
<i>Did the member attempt to withdraw funds from the ATM (check one)?</i> Yes No		
<i>If "Yes," what was the requested amount?</i>	<i>If "Yes," what was the amount received?</i>	
<i>If "No," Has the ATM card been lost or stolen?</i> Yes No	<i>Does anyone have access to card or PIN number?</i> Yes No	

FOR STAFF USE ONLY

10 Business Days: _____ (re-credit account if not resolved)

45 Calendar Days: _____ (investigation must be complete)

Sent to Network for investigation on: ____/____/____

Adjusted member's account during ATM balancing

Signature: _____ Date: _____