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**\*\*FOR BRANCH USE ONLY\*\***

Complaint made:  in person  
 by telephone

Inform Customer:

1. Personal appearance or written complaint required.
2. Advise customer of address for written complaint.
3. Advise customer of information required.

by mail

Date problem or error posted: \_\_\_\_\_ 20 \_\_\_\_\_

Employee Accepting Complaint Form \_\_\_\_\_

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**\* \* ADMINISTRATION USE \* \***

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Claim Approved:  Yes  No Date: \_\_\_\_\_

Claim Declined:  Yes  No Date: \_\_\_\_\_

Provisional Credit Made:  Yes  No Date: \_\_\_\_\_

Final Resolution  Yes  No Date: \_\_\_\_\_

# Electronic Funds Transfer Customer Complaint Form

Date: \_\_\_\_\_  
Branch: \_\_\_\_\_  
ITI Printout: \_\_\_\_\_  
Accepted by: \_\_\_\_\_

**This Form Must Be Fully Completed**

**TYPE OF DISPUTE:** (check one)

- Automated Teller Machine (ATM)       Point Of Sale (POS)  
 VISA Debit Card       Automatic Clearing House (ACH)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Card Number used: \_\_\_\_\_

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

Amount of claim: \_\_\_\_\_ Location of Terminal: \_\_\_\_\_

Date & Time of Inquiry: \_\_\_\_\_ Type of Trans: \_\_\_\_\_

**\* \* QUESTIONS BELOW ARE TO BE ANSWERED BY CUSTOMER \* \***

**Description of Problem or Error:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date you discovered the problem or error:** \_\_\_\_\_ 20 \_\_\_\_\_

**Are both the card and PIN lost or stolen? Yes / No**

**Was the card and PIN kept together? Yes / No**

**When did you first notice the card or PIN missing?** \_\_\_\_\_

**Who had access to the card and/or PIN other than you?** \_\_\_\_\_

**How and when did you discover the unauthorized transactions?** \_\_\_\_\_

**Where and when was the card used last?**

\_\_\_\_\_

\_\_\_\_\_  
**Customer's Signature**

\_\_\_\_\_  
**Date**