



**ATM and Point Of Sale (POS) Dispute Form
(Used to dispute PIN Transactions)**

To complete this form:

1. Print a copy
2. Fill in the information requested and sign and date the form.
3. Attach any receipts, correspondence, or supporting documentation that may be helpful in supporting your claim.
4. If the transaction(s) are fraudulent, attach a completed, notarized copy of the [Cardholder Dispute Form](#). **(Only required if reporting fraud)**
5. Upon receipt of the completed form your account will be given provisional credit while the research is performed. If the affected institution denies the claim and provides supporting documentation of the transaction(s), we will contact you in writing prior to reversing the credit from your account.

SECTION ONE – MEMBER INFORMATION		
NAME (LAST NAME, FIRST, MIDDLE INITIAL)	ACCOUNT NUMBER	
SECTION TWO – TRANSACTION INFORMATION		
TRANSACTION DATE	REQUESTED AMOUNT	AMOUNT RECEIVED
	\$	\$
ATM LOCATION <i>(Institution name and address)</i>		
DISPLAYED MESSAGE		
SECTION THREE – DETAIL CIRCUMSTANCE <i>(briefly describe what happened)</i>		
SECTION FOUR – SIGNATURE, DATE AND TELEPHONE		
SIGNATURE <i>(required)</i>	DATE	DAYTIME TELEPHONE
SECTION FIVE – SUBMISSION OF COMPLETED FORM		
Return completed forms and all supporting documents to us:		
NASA Federal Credit Union Attn: Debit Card Department PO Box 1730 Bowie, MD 20717-1730 Fax: 301-390-4524		