



ATM Deposit Dispute

Affidavit

Account #: _____

Cash Deposit

I, _____, hereby swear and affirm that on _____
(Date)

I completed a deposit to checking savings at the _____ ATM, located at
(Financial Institution)

(ATM Address)

The deposit amount was \$_____; however, my account has not been credited the amount of
\$_____. My card number is _____.

Cash Denominations: _____x \$100s _____x \$50s _____x \$20s _____x \$10s _____x \$5s _____x \$1s

Check Deposit

I, _____, hereby swear and affirm that on _____
(Date)

I completed a deposit to checking savings at the _____ ATM, located at
(Financial Institution)

(ATM Address)

The deposit amount was \$_____; however, my account has not been credited the amount of
\$_____. My card number is _____.

Check Information: Payable to: _____ Maker _____

Member's Signature

Date