



ATM Dispute Form

Customer Name: _____ Phone Number: _____

Address: _____

Card Number: _____ Account Number Affected: _____

Transaction Date: _____ ATM Location: _____

Amount requested with transaction: \$ _____ Amount received: \$ _____

Additional Facts: _____

I, _____, have supplied the above information, which is current and factual to the best of my knowledge, and hereby authorize Cincinnati Federal and Vantiv (CF card processor) to use the above information along with any other information to investigate my claim.

(Customer Signature)

(Date)

Office Use Only

Enter dates:

Vantiv Adjustment _____ Record in Log _____ Provisional Credit _____ (attach tickets)

Adjustment settled with Vantiv _____ CSR initials _____

Fax a copy to the Price Hill Office and keep original at the branch.