



# Virtual ATM Disputed Transaction Statement

Return completed form to:  
 CoVantage Credit Union, Attn. Card Services, PO Box 107, Antigo WI 54409-0107

Name	Date	
Street Address	Card Number/Account Number	
City	State	Zip
Email Address	Home Phone	Work Phone

**ITM Location:**

**I have examined the charge(s) on my account and question the following transaction(s):**(Attach additional sheets if necessary)

Trasaction Type	Amount	Transaction Date	Cash/Check

**Describe Situation/Reason for Dispute:** If possible, attach a copy of the receipt for the transaction you are disputing.

- I certify only one transaction was made with the above referenced merchant. On my statement, the same merchant has processed a second charge to my account, which I neither participated in nor authorized. (Duplicate transactions only.)
- The ITM did not dispense the correct dollar amount. Amount received \$ \_\_\_\_\_
- I certify the transaction(s) was (were) not made by me or by a person authorized to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. (Your card will be blocked.)
- Deposit Error Amount (check all that apply)
  - Cash: \$ \_\_\_\_\_
  - Check: \$ \_\_\_\_\_
  - Transfer: \$ \_\_\_\_\_

If you have any knowledge or suspicion of the identity of the person who used your account number or card, please provide any information you have in the space below. Please provide details if you know or suspect how someone could have accessed your account (when applicable). If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number and the case number (if you were given one).

**Additional Comments:**

**If related to fraud, fill out below section. If not fraud, check  N/A**

1. To the best of my knowledge, my Card was: (check one of the following)  
 Lost     Stolen     Never Received     In my possession at all times when the fraudulent transaction occurred
2. I learned of the fraud on approximately \_\_\_\_\_. I reported my Card lost/stolen on \_\_\_\_\_.
3. I  do  don't have knowledge of the identity of the person(s) illegally using my name, account number, or Card.  
(If you have such knowledge, provide this information in the section provided.)
4. I give consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state, or local law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my Card and/or Card Account.

**Accountholder Authorization and Acknowledgement**

The claimant affirms that s/he has fully disclosed their knowledge of the facts and circumstances surrounding the above transaction(s) and that the information provided on this questionnaire is true and correct to the best of their knowledge; that the claimant did not benefit from the proceeds of unauthorized transactions; and understands that the filing of a false claim against CoVantage Credit Union, a federally insured financial institution is in violation of state and federal criminal laws and could result in criminal prosecution.

\_\_\_\_\_  
**Primary Accountholder Printed Name**

\_\_\_\_\_  
**Signature**

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

**Please provide valid photo identification**

<b>FOR OFFICE USE ONLY:</b>	
<b>ITM Location:</b> _____	<b>ITM #:</b> _____
<b>Notes:</b>	