DADE COUNTY FEDERAL CREDIT UNION

Rev. 5/15/2025

DCFCU ATM Dispute Form

Instructions for filing a dispute:

Please note: This form is only to be used to dispute DCFCU ATM transactions. If you are disputing any other type of fraud transaction, please follow the Fraud Dispute and Research Requests Procedure.

1. To submit a dispute using this form, please complete all fields below and all fields in the appropriate dispute section. Any missing information will cause a delay in the processing of your dispute.
2. The form can be completed by:
   - Filling it out online and then printing it
   - Printing it and filling it out by hand

Cardholder Information

* Cardholder name _____ * Today's date (mm/dd/yyyy) _____

* Card number _____ *Transaction date (mm/dd/yyyy) _____

* ATM/ITM Location _____ ATM_____ITM_____

* Transaction amount $ _____ * Dispute amount $ _____

* Cardholder signature _____ Date _____

Dispute Types

Choose the nature of the transaction that most closely matches the scenario that occurred. Please answer all questions in the selected dispute type section and provide your card number at the top of the page. Required fields are marked with an asterisk (*).DCFCU employee should attach any supporting documents such as receipts or photos to the Marquis (calltrax) Request accompanying this form.

I did not receive cash from an ATM withdrawal attempt but was charged as if I did receive it **

*Transaction sequence number _____

*Select one of the following:

☐ I made a single attempt and did not receive cash

☐ I made multiple attempts and only received cash on one of those attempts

☐ Other (Please describe) _____

Deposit Dispute

*Transaction sequence number _____

*Select one:

☐ I made a single attempt to deposit $ _____ and did not receive the funds.

☐ I made a single attempt to deposit $ _____ and only received a partial amount of $_____

☐ Other (Please describe) _____