

CREDIT UNION OF OHIO

ELECTRONIC FUND TRANSFER MEMBER INQUIRY FORM

Personal Information Is this a <input type="checkbox"/> Savings or <input type="checkbox"/> Checking account?		ATM card number
Member Name	Social Security Number	Telephone Numbers: Day Night
Street Address	City	State Zip Code

Description of Inquiry / Disputed Transaction (attach all supporting documentation)

ATM Transaction Information (if known)			
Location of Transaction	Date of Transaction		Time of Transaction
Terminal Number	Amount of Transaction	Receipt Number	Type of Transaction

Member's Reason for Inquiry / Disputing Transaction <i>(In member's handwriting. Be specific)</i>	
Member Signature	Date

OFFICE USE ONLY

Inquiry Made:	
<input type="checkbox"/> In Person	Date of Inquiry:
<input type="checkbox"/> By Mail - Attach letter	Time of Inquiry: <input type="checkbox"/> A. M. <input type="checkbox"/> P. M.
<input type="checkbox"/> By Phone	Employee Receiving Inquiry:
* Written inquiry required in 10 days	
* Give Member address/information required	Date Sent to Electronic Services:
* Request additional supporting documentation	Date Received by Electronic Services:
* Date letter requested:	
* Date letter received:	Date Inquiry Completed: