

# ATM Transaction Reimbursement Request



SERVICE ONE Alliance Bank

Cardholder Name:  Membership No.:

Cardholder Address:

Cardholder Contact Details: Mobile:  Work:  Home:

Card No. (card used for transaction in question—only complete first and last four digits):

## ATM TRANSACTION DETAILS

Details below can be found on your ATM receipt or by calling 1300 361 761.

Date of transaction:  /  /  Time of the transaction:  :  am/pm

ATM name:

ATM/Terminal ID:

ATM location:

Sequence/reference No.:

## DISPUTE DETAILS

Has your card been captured during this transaction?  YES  NO

If cash dispensed does not equal amount requested:

Amount requested from ATM: \$

Amount received from ATM: \$

Fees charged by ATM owner: \$

Please provide the details surrounding this transaction

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## DECLARATIONS AND ACKNOWLEDGEMENTS

Signature  Print Name  Date  /  /

### OFFICIAL USE ONLY

Request received at Branch:

Received by:

Receipt No.:

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