



ATM ELECTRONIC FUNDS INQUIRY FORM

Name: _____ Joint Name _____

Account # : _____ Card Number _____

Account Type: ___ Checking ___ Savings

Phone # : _____

COMPLETION ALL INFORMATION

The undersigned had possession of the ATM / Debit / Visa card indicated above at the time the described transaction (s) took place. Yes _____ No _____

Location of ATM _____

Transaction Date _____

Transaction Time _____

Requested amount of transaction _____

Amount of transaction processed _____

Amount of claim _____

Reason for disputing transaction _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I WILL ALSO COOPERATE WITH VONS CREDIT UNION DURING THE INVESTIGATION.

MBR SIGNATURE: _____

JOINT SIGNATURE: _____

DATE: _____

FAX 626-246-3134