

Affidavit of ATM Machine Error/Unauthorized Use of ATM Card

(Review the transaction description on account history to verify transaction as an ATM/POS transaction)

	-	Affidavit for any disputed	d transaction performed	d at any ATM machine	by a MECU car	dholder.	
Please print and complete all questions 1. Cardholders Name: Daytime Phone #							
	MECU ACCT. NO 4. MECU ATM/VISA Debit Card #: Disputed Transaction Detail:						
OR	·						
	☐ ATM Machine Error; Member performed the transaction but incorrect amount was dispensed.						
		☐ Unauthorized Use of ATM Card; Member stating he/she did not perform the transaction.					
	Transaction Date and Time	Transaction Amount on ATM Receipt	Transaction Amount on Statement	Amount Receive	ed	Machine Location Name and Address	
6.	Date Reported to MECU:						
7.	Credit Union Representative talked to:						
8.							
9. Date card was lost or stolen (if applicable):							
10. Has Member given PIN to anyone at any time? Yes No If yes, to whom?							
11. Fully describe unauthorized transaction (use reverse side if necessary):							
I swear under the penalties of perjury that I did not make, authorize, or benefit from the withdrawals of funds identified above. I further swear that I will testify under oath, declare, depose and /or certify to the truth of any and all of the foregoing sworn statement before any competent court, officer or person in any civil or criminal investigation, case or proceeding now pending or that may hereafter be, and will cooperate fully with any investigator(s) that contact me concerning the facts to which I have sworn above. I understand that the Municipal Employees Credit Union of Baltimore, Inc. (MECU) will investigate the error and adjust account(s) accordingly. MECU will attempt to determine, within 10 business days, if an error has occurred and will promptly correct any error. If, however, MECU requires additional time, MECU may take up to 45 days to investigate my complaint. If so, I understand a provisional credit may be granted. If MECU decides that there is							
						y be provided upon my request.	
Signature of Affiant/Cardholder Date							
Signature of MECU Representative Accepting Affidavit				Branch	Teller #	Date Received	

Fax the completed and signed affidavit to ATM Disputes #443-927-3796. Retain original for 30 days.