

**DISPUTED ATM TRANSACTION**Transaction Type:  WTD – Withdrawal  DEP – Deposit

You must provide the information on pages 1 and 2 of this form and we must receive the completed form within 10 business days of your oral notification or provisional credit(s) issued will be reversed from your account. Complete and sign this form and attach it via Online Banking, New Message to our Card Services, with Subject: ATM Transaction Dispute, or Mail to 2609 Keiser Blvd Wyomissing, PA 19610, Attention: ATM Transaction Disputes. **IMPORTANT: SECTION V ON PAGE 2 MUST ALSO BE COMPLETED. FAILURE TO PROVIDE ALL REQUESTED DOCUMENTATION COULD AFFECT THE OUTCOME OF YOUR CLAIM.**

**Section I:** You must complete each item in this section in order for your claim to be processed.

CARDHOLDER NAME		RIVERFRONT ACCOUNT NUMBER	DEBIT CARD NUMBER	
CARDHOLDER ADDRESS (STREET)		CITY	STATE	ZIPCODE)
BEST TIME TO BE REACHED AM / PM	TELEPHONE NUMBER (H)		TELEPHONE NUMBER (WORK OR MOBILE)	EXT

**Section II:** Disputed transaction(s). Provide the following information about the transaction you are disputing. **If you are disputing more than one transaction, provide the information for the additional transaction(s) on page 2.**

Item #1	ATM OWNER NAME		DATE I CONTACTED RIVERFRONT (MO / DAY / YR)
	POSTING DATE (MO / DAY / YR)	DOLLAR AMOUNT \$	Please provide details on the next page

**Section III:** Please check and complete the ONE category which BEST describes the disputed transaction(s).

- The transaction listed above was not made by me or a person authorized by me to use my card.
- I was issued an ATM receipt for \$ \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_\_ which did not appear on my statement. *(Please ensure that 30 days have passed from the date of the credit slip prior to submitting a dispute. A copy of the ATM receipt is required.)*
- The amount I authorized differs from the amount on my receipt. *(Enclose a copy of your sales receipt.)*
- More than one transaction posted to my account. I authorized only one ATM transaction for \$ \_\_\_\_\_. *(Enclose a copy of your ATM receipt.)*

**Section IV:** Cardholder's SIGNATURE AND DATE ARE REQUIRED for your request to be processed. By signing, you certify that the information provided on this form is true and correct.

SIGNATURE	DATE (MO / DAY / YR)
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**IMPORTANT - PLEASE NOTE**

- Transaction disputes are between you as the cardholder and the ATM Owner. Credit is not guaranteed. Riverfront makes the final determination based on the information you and the ATM Owner provide related to the disputed transaction(s).
- If we have any questions after receiving your request, we will contact you using information you provided on this form or using information that we have on file.
- Due to different laws in various international countries. *International Transactions* do not have the same consumer protection rights that are available for transactions that are originated in the U.S. We will make every effort to assist you; however, we cannot guarantee a favorable outcome for all disputed transactions.

