



FLORIDA HOSPITAL
Credit Union



Member's Name: _____ Account Number: _____

Home/Cell Phone: _____ Work: _____

ATM Card # _____ Amount: \$ _____

Transaction Date: _____ Date Posted: _____

Sequence #: _____ ATM Location: _____

Explanation of dispute: _____

Member's Signature: _____ Date: _____

For Internal Use, Only

NOTE: Attach history a copy of disputed transaction(s)

BRANCH

Teller # _____ Teller Initial's _____ Date sent to Admin: _____

ADMIN

Dispute received on: _____ By (teller#/Initials): _____

Dispute Input on CNS: _____ Posted to Account: _____