



# EFTS Affidavit for ATM/PIN Based Transaction Discrepancies

**Debit Card                      ATM Card                      Credit Card**

Member Name			Member Account Number		
Card Number		Home Number		Work Number	
Type of Transaction					
ATM Cash Discrepancy		PIN Entered Merchant Transaction		ATM Deposit Discrepancy	
Transaction Date			Transaction Time		ATM Number
Institution/Merchant Name			Location/Address		
Transaction Amount	Cash Requested	Cash Received		Deposit Amount	Credit Received
Comments:					
Credit Union Employee		Branch	Teller Number	Telephone Number	
<p>The dollar amount I received from the above ATM transaction did not match the amount I requested. I understand that Coastal Federal Credit Union has up to ten (10) business days to investigate this transaction.</p> <p>There was an error in the above PIN based merchant transaction (<i>explained above in the "Comments" section</i>). I understand that Coastal Federal Credit Union has up to ten (10) business days to investigate this transaction.</p> <p style="text-align: center;"><b>I certify under penalty of perjury that the statements above are true and correct.</b></p>					
Member Signature				Date	
<b>ACCOUNTING USE ONLY</b>					
Date of Audit			Audit Difference		
			Over		Short
Comments:					
CO-OP Exception ID Number		Supervisor's Signature			Date