

ATM FEE REVERSAL FORM

Full Name:*		E-mail Address:*	
Member #:		Account #:	
ATM Receipt Information		Total Refund Amount	
Transaction Date	Surcharge Amount	*Up to \$5 refunded per ATM receipt	
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
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<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
Total:		Total Refund:	

X
Signature * (Please Print and Sign)

Date

Please do not send multiple requests for the same ATM fee reversals.
ATM fee reversal requests must be submitted within 30 days of the date of your ATM transaction.
Your ATM fee reversal(s) will be processed upon receipt of all required information. This ATM Fee Reversal Form must include original ATM receipt(s). No photocopies of receipts will be accepted.

Up to \$5 refunded per ATM receipt.