

# **Resource One** ATM FEE REVERSAL FORM CREDIT UNION

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 type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input 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.

This ATM Fee Reversal Form and receipt(s) may be presented:  
 In person at any Resource One Credit Union branch or  
 Mailed to: Resource One Credit Union, Attn: REBATE DEPT, PO Box 660077, Dallas TX 75266-0077