



PO Box 58429; Raleigh, NC 27658-8429

## 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 <input type="checkbox"/> ATM Cash Discrepancy <input type="checkbox"/> PIN Entered Merchant Transaction			
Transaction Date	Transaction Time	ATM Number	
Institution/Merchant Name		Location/Address	
Transaction Amount \$	Cash Requested \$	Cash Received \$	
Comments:			
Credit Union Employee	Branch	Teller Number	Telephone Number (     )
<p><input type="checkbox"/> 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><input type="checkbox"/> 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 <span style="float: right;">Over / Short</span>		
Comments:			
Co-Op Exception ID Number	Supervisor's Signature	Date	