



ATM Transaction Dispute

To be completed by any person using a Denison State Bank ATM or by any Denison State Bank cardholder using a DSB card at any other ATM.

Cardholder Name: _____

Card Number: _____

Financial Institution (non-DSB customer) _____

Account Number (DSB customer only): Checking # _____ Savings # _____

Transaction Date: _____ Approximate Time: _____ am or pm

Selected Transaction Amount: \$ _____

ATM Location: _____

Explanation of Problem:

- ATM dispensed cash, but account was not debited.
- ATM did not dispense cash, but account was debited.
- Partial dispense of cash: account was charged \$ _____ but only received \$ _____.
- Over-dispense of cash: account was charged \$ _____ but received \$ _____.

Customer Signature: _____ Date: _____

FOR INTERNAL USE:

Processed by: _____ Date: _____

*Attach copies of machine receipts, if applicable.

TO SUBMIT:

- FAX:** Fax to Main Bank at 785-364-3793 to the attention of the Operations Manager.
- Mail:** Mail to Denison State Bank, 421 New York Ave, PO Box 71, Hoyt KS 66436.
- Deliver:** To any Denison State Bank location or night-drop box.

Questions? Contact the address change coordinator at 1-800-633-2423 or 785-272-3399.