



15201 Hall Rd.
 Bowie, MD 20721
 301.627.2666 | www.princegeorgescfcu.org

ATM TRANSACTION DIFFERENCE FORM

Member Name			
Member Number/ Card Number			
Date and Time of Transaction			
Deposit OR Withdrawal	Withdrawal - \$ Requested/ \$ Received		
	Deposit - \$ Deposited/ \$ Posted		
Institution or Business Name and Address			

Attach/submit a copy of the receipt for the transaction listed above.

Other Information or Comments:

I (the undersigned) hereby certify that the information provided above is complete and accurate. I understand that the transaction will be researched and a response will be provided within 10 business days.

 Member Signature*

 Date

 Email

 Daytime Contact Number

*If report is taken by phone, enter "via phone." If it is submitted via email, attach copy of it to this form. Please email this form and receipt(s) to accounting@princegeorgescfcu.org

For Credit Union Use Only	
_____ Member Identification (type/number/exp. date)	
_____ Employee Name/ Initials	_____ Branch
_____ Received and Processed by Accounting	_____ Adjustment Amount
	_____ Date/Time