



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

ATM TRANSACTION DIFFERENCE FORM

Member Name		
Member Number/ Card Number		
Date of Transaction/ Time of Transaction		
Amount Requested/ Amount Received		
Location (name of facility and address)		

Please attach a copy of the receipt for the transaction listed above.

Other Information or Comments:

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

 Member Signature

 Date

 Daytime Contact Number

 Email

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