# NADIA DISTRICT CENTRAL COOPERATIVE BANK LIMITED

REGD. OFFICE: M.M.GHOSH STREET, KRISHNAGAR, NADIA, PIN – 741101

(E-Mail : ndccbank@yahoo.com/ndccbltd@gmail.com)::(Phone : 03472- 252394/252683/256771)


DATE : _____

## ATM Dispute Form

**Branch Name** _____

**Account Number** | | | | | | | | | | | | |

**Customer Name :** _____

**Card Number** : | | | | | | | | | | | | | | | | |

| | Transaction Date | Bank Name | Time of Withdrawal | Transaction Amount |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Tick the appropriate box:

☐ Cash was not dispensed, but my/our account was debited.

☐ Part of the amount was dispensed, Amount Requested ☐

Amount Received ☐

☐ Did not perform the above transaction(s). At the time of this transaction(s) the card and the PIN was with me

☐ I have been charged more than once for the same transaction (list above)

Comments (if any) :_____

_____

"I declare that I have not divulged my card or PIN details to any party, or let any unauthorized party use my card in any way. Should any of the disputed transactions subsequently be found to be genuine, I hereby authorize and request that my account mentioned above is debited with the full amount of the transactions"

**Address** _____

_____

**Contact Number (s)** _____

**Customer Signature**

Caution – It is a criminal offence to knowingly give false details or make an untrue statement regarding any of the transaction on your account.