

**Col RD Nikam Sainik Sahakari Bank Ltd  
Branch -**

To,  
The Manager,  
EPS Department,  
Col RD Nikam Sainik Sahakari Bank Ltd  
Headquarters, Satara.

**ATM Cardholder Dispute Form**

Debit Card Number :

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Account Number :

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Details of Disputed Transaction/s -

Sr No	Trans Date	ATM Location (Bank /Location)	Transaction Amt	Disputed Amt
1				

I am disputing transaction/s listed above due to the following reasons. Request you to resolve the dispute.

- Cash not dispensed in ATM but I was billed for the entire amount.
- Less cash of Rs. \_\_\_\_\_ dispensed in the ATM but I was billed for the entire amount Rs. \_\_\_\_\_ .
- Others \_\_\_\_\_

**\*\* Request to the Cardholder: Please attach copies of your correspondence with the ATM Slip.**

Declaration: I hereby confirm that the information provided is true and accurate to the best of my knowledge and belief.

Cust Name: \_\_\_\_\_

Place: \_\_\_\_\_

Date : \_\_\_\_\_

Mob. : \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Branch Seal with Sign