

**(ATM Debit transaction Complaint Form)**

**To Branch Manager**

..... (Name of the bank)\*

..... (Name of the Branch)\*

..... (Name of the city)

\*(Name of the bank branch where the card holders account is maintained)

**1. Customer information**

Name	
Account No	
Debit/ATM Card No	

**2. ATM Information**

ATM ID / Location if ID not available	
Name of the ATM Bank	

**3. Nature of Complaint**

**A. Complaint relating to cash withdrawal**

Amount of withdrawal	Rs.
Amount actually disbursed by ATM	Rs.
Amount to the account debited	Rs.
Date of transaction (MM/DD/YY)	
Time of transaction	

**B. Is Card capture by ATM :- Yes / No**

**C. Other complaints :-**

**Note:**

\* Form to be submitted to the ATM branch, In case on 'Non Banking Hours' handover Form to ATM security Guard. Form duly filled with all required field.

\* Copy of ATM Transaction slip/ Merchant Charge Slip (if available)

**Signature (Card holder)**

**Date :-**

**Contact Tel/Mobile No :-**