

ATM REDRESSAL FORM

To,
The Senior Manager / Manager
The Shamrao Vithal Co-operative Bank Limited
_____ Branch

Dear Sir / Madam,
Re : Request for Charge-Back / Reversal.

I, _____ am an Account Holder of your

_____ Branch maintaining Account # (SB / CA / OD) _____.

I had done a transaction on ATM for Cash Withdrawal the details of which are as follows:-

ATM / DEBIT CARD # □□□□□□□□□□□□□□□□□□

ACCOUNT # (SB / CA / OD) _____ **SALARY ACCOUNT (Y / N)** ____.

TRANSACTION DATE : ___/___/___ **TRANSACTION TIME :** _____

AMOUNT TRIED: Rs. _____ (Rupees
_____)

AMOUNT RECEIVED: Rs. _____ (Rupees
_____)

AMOUNT DEBITED: Rs. _____ (Rupees
_____)

BANK / BRANCH OF ATM :

COMMENTS :

You are requested to check the above transaction and reverse / charge - back the amount within 10 days.

(I hereby state that the facts stated / declared above are true to my knowledge and that I shall be held personally liable for any misrepresentation and or for any false declaration).

Date ___/___/___

(Signature Of ATM Card Holder)

-----**FOR OFFICE USE ONLY**-----

HOST-ID _____. **TRANSACTIONDATE** ___/___/___

(Host ID is the ID no. appearing at the end of the transaction particulars of customer A/c in Genius.)

SETTLEMENT DATE ___/___/___ (Signature of Officer / ABM / Manager)